

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 99 REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # **F98000004613**

1. Corporation Name

REVENGE MARINE, INC.

Principal Place of Business

Mailing Address

2051 NW 11th
MIAMI, FL 33125 SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

99 DEC 16 PM 12: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

36-3051776

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ SR 75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	WILLIAM ROBINSON	2051 NW 11th	MIAMI, FL 33125
			000003078590--1
			-12/22/99--01094--002
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

WILLIAM C. ROBINSON

Street Address (P.O. Box Number is Not Acceptable)

2051 NW 11th

Suite, Apt. #, Etc.

EXECUTIVE SUITE

City

MIAMI

State

FL

Zip Code

33125

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-14-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

WILLIAM C. ROBINSON PRES./CEO

Date

12-14

Daytime Phone #

305 643-0334

08127

CR2E08 (12/98)