

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 22 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005524

1. Corporation Name

SOUTHERN WATERSPORTS, INC.

Principal Place of Business

Mailing Address

1854 HWY 54 WEST
FAYETTEVILLE GA 30214

1854 HWY 54 WEST
FAYETTEVILLE GA 30214

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

2. New Principal Office Address, If Applicable
1854 HWY 54 WEST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 10/02/1998

5. FEI Number 58-2416656

Applied For
Not Applicable

City & State
Key Largo FL
Zip 33037 Country USA

City & State

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

See Florida Statutes, Chapter 607, for information regarding the requirements for reinstatement.

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	4 City / State / Zip
CP	CARAWAN, ROBERT N	1854 HWY 54 WEST	FAYETTEVILLE GA 30214
W	HICKS, R. VAN	180 INDUSTRIAL WAY	FAYETTEVILLE GA 30214
DS	DUNN, WESLEY B	120 OAKCREST DRIVE 104500 OVERSEAS HWY UNIT C-402	SHARPSBURG GA 30277 KEY LARGO, FL 33037
T	GRIFFIN-LANOUÉ, KIM	1854 HWY 54 WEST	FAYETTEVILLE GA 30214
			600003032586--8 -11/02/99--01074--004 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NUCKOLS, CARDWELL C
5255 PINEVIEW WAY
APOPKA FL 32703

Name
WESLEY B. DUNN
Street Address (P.O. Box Number is Not Acceptable)
104500 OVERSEAS HIGHWAY
Suite, Apt. #, Etc.
UNIT C-402
City
Key Largo
State
FL
Zip Code
33037

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-20-99

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99

Date

770-487-0618

Daytime Phone #