

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

00 NOV -1 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G07530**

1. Corporation Name

TAVERNIER CREEK BOAT Rentals, Inc

2. Principal Office Address

90800 Overseas Hwy

Suite, Apt. #, etc.

City & State

Tavernier

Zip

33070

Country

MOORE

3. Mailing Office Address

P.O. Box 677

Suite, Apt. #, etc.

City & State

FL

Zip

33070

Country

MOORE

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

592314745

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 11/1/00

7. Name and Address of Current Registered Agent

Name

C. H. Gaskins

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

212 Orchid St.

Suite, Apt. #, Etc.

City

Tavernier

State

FL

Zip Code

33070

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

C H Gaskins

Date **11-1-2000**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pr.	C. H. Gaskins	212 Orchid St.	Tavernier, FL 33070
			600003448226--9 -11/02/00--01017--001 ***1350.00 ***1358.75

10. 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:

C H Gaskins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-2000

Date

Daytime Phone #

CR2E081 (9/99)