

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

DOCUMENT # G76542

SEP 10 1999

1. Corporation Name

PIER 5 BOATMEN'S ASSOCIATION, INC.

Principal Place of Business

401 BISCAYNE BLVD  
MIAMI  
MIAMI FL 33132

Mailing Address

555 NE 15 ST.  
STE 102  
MIAMI FL 33132

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

2. New Principal Office Address, If Applicable

Suite, Apt., Etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

555 NE 15<sup>TH</sup> STREET  
SUITE 102  
MIAMI FL  
33132 MIAMI-DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/1993

5. FEI Number

59-2500054

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

1	2	3	4
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	JAMES THOMAS	15211 SW 86 AVENUE	MIAMI FL
T	JAMES COURBIER	2177 TIGERTAIL AVENUE	MIAMI FL 33133
600002994286--3 -09/22/99--01098--015 ***1208.75 ***1208.75			

8. Name and Address of Current Registered Agent

JAMES COURBIER  
2177 TIGERTAIL AVENUE  
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name  
CHARLES E. SOFFE  
Street Address (P.O. Box Number is Not Acceptable)  
555 NE 15<sup>TH</sup> STREET  
Suite, Apt., Etc.  
SUITE 102  
City  
MIAMI  
State  
FL  
Zip Code  
33132

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

9/8/99

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JAMES C. THOMAS

9/8/99  
Date

305-915 7142  
Daytime Phone #