

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 24 AM 11:13

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # G76542

1. Corporation Name

PIER 5 BOATMEN'S ASSOCIATION, INC.

2. Principal Office Address

401 BISCAYNE BLVD. MIAMARINA

3. Mailing Office Address

555 N.E. 15TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 102

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33132

Country

Zip

33132

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1983

5. EEL Number

592500054

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-80

7. Name and Address of Current Registered Agent

Name

SOFG, CHARLES E

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

555 N.E. 15TH STREET

Suite, Apt. #, Etc.

SUITE 102

City

MIAMI

State

FL

Zip Code

33132

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

REGISTERED AGENT MUST SIGN

Date

3/23/06

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
VP/D	SOFG, CHARLES E	555 N.E. 15TH STREET SUITE 102	MIAMI FL 33132
P/D	THOMAS, JAMES	15211 SW 86 AVE	MIAMI FL

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04/24/06--01053--026 **1358.75

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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 contained in Chapter 119, 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:

SOFG, CHARLES E

3/23/06 305-379-5119x202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #