

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H 20332

1. Corporation Name

OFFSHORE CATAMARANS, INC.

Principal Place of Business

2225 IDENILLO ROAD
PALM BCH GARDENS, FL.
33410

Mailing Address

PO BOX 14882
NORTH PALM BEACH, FL
33408

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

4. Date Incorporated or Qualified
To Do Business in Florida

OCT 84

5. FEI Number

5925 20402

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P PRES.	MICHAEL BELL	TEDEUSTA FL 23 OAK RIDGE LANE 33469	TEDEUSTA FL 33469
S	SHEILA MCDONALD-BELL	SAME	
			800002140758--2 -04/11/97--01090--006 ***1088.75 ****085.00 1088.75

8. Name and Address of Current Registered Agent

MICHAEL BELL
23 OAK RIDGE LANE
TEDEUSTA FL 33469

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Michael Bell

REGISTERED AGENT MUST SIGN

Date

4-4-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL BELL

Date

4-4-97

Daytime Phone #

361-575-9175

REINSTATEMENT 95-97

97 APR -9 AM 8:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2040 (12/96)