

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS  
W08 000029835

FILED

2008 JUL 21 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H92981

**1. Corporation Name**

Spanish Pointe marina, Inc

**2. Principal Office Address - No P.O. Box #**

64 Inlets Blvd

Suite, Apt. #, etc.

**3. Mailing Office Address**

64 Inlets Blvd

Suite, Apt. #, etc.

City & State

NOKOMIS FL

Zip

34275

Country

US

City & State

NOKOMIS FL

Zip

34275

Country

US

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

1/6/1986

**5. FEI Number**

59-2621130

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Anilkumar Patel

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

64 Inlets Blvd

Suite, Apt. #, Etc.

1

City

NOKOMIS

State

FL

Zip Code

34275

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations c.**

0505 or 617.0503, F.S.

Signature of  
Registered Agent

Anil Kumar Patel

REGISTERED AGENT MUST SIGN

Date 7-17-08

**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
D	Anilkumar Patel	64 Inlets Blvd	NOKOMIS FL 34275

**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: Anil Kumar Patel ANILKUMAR R. PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-17-08

Daytime Phone #

2008 JUL 21 2008