

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **(97)**
REINSTATEMENT



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

APPROVED
AND
FILED

97 DEC -8 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H99695**

1. Corporation Name

DRY DOCK CORPORATION OF NAPLES, INC.

Principal Place of Business

4480 EXCHANGE AVENUE
NAPLES FL 33942

Mailing Address

4480 EXCHANGE AVENUE
NAPLES FL 33942



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

2. New Principal Office Address, If Applicable

~~768 96th AVE North~~

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~768 96th AVE North~~

Suite, Apt. #, etc.

City & State

~~Naples, FL~~

Zip

~~34108~~

Country

~~USA~~

City & State

~~Naples, FL~~

Zip

~~34108~~

Country

~~USA~~

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1986

5. FEI Number

65-0193494

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)	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	HOVLAND, BRUCE J.	2700 CLIPPER WAY 768 96th Ave. North	NAPLES FL
S	STEVEN HOVLAND	11983 TAMiami TRAIL N	NAPLES FL
			000002372500--5 -12/15/97--01119--023 ****758.75 ****758.75
			REINSTATEMENT 1997
			G. Alan 12/8/97

8. Name and Address of Current Registered Agent

HOVLAND, BRUCE
11983 NORTH TAMiami TRAIL
NAPLES FL 33963

9. Name and Address of New Registered Agent

Name **BRUCE Hovland**
Street Address (P.O. Box Number is Not Acceptable)
768 96th AVE. NORTH
Suite, Apt. #, Etc.

City **Naples**

State **FL**

Zip Code **34108**

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 **11/19/97**

11. This corporation ~~has~~ has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐ Taxes Paid

(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

[Signature] **Bruce Hovland**

Date

Daytime Phone #

(941) 513-7999

Cr20040 (8/97)