

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPLICATION
FOR REINSTATEMENT



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

APPROVED
AND
FILED
1996 DEC 16 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J16358

1 Corporation Name

Y-KNOT DOCKING SYSTEM, INC.

Principal Place of Business

Mailing Address

3160 S. W. 17 Street
Fort Lauderdale, FL 33312

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

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable

3160 S. W. 17 Street

3 New Mailing Address, If Applicable

3160 S. W. 17 Street

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33312

Country

Broward

Zip

33312

Country

Broward

4 Date Incorporated or Qualified
To Do Business in Florida

5/27/86

5 FEI Number

N/A

Applied For

☒ Not Applicable

6 N/A

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T/S	Joel Burns	3160 S. W. 17 Street	Fort Lauderdale, FL 33312
			400002032404--8 -12/18/96--01041--019 ***1481.25 ***1481.25

REINSTATEMENT

8 Name and Address of Current Registered Agent

Joel Burns
801 N. W. 12 Avenue
Dania, FL

9 Name and Address of New Registered Agent

Name
Joel Burns
Street Address (P.O. Box Number is Not Acceptable)
3160 S. W. 17 Street
Suite, Apt. #, Etc.
--
City
Fort Lauderdale
State
FL
Zip Code
33312

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

Joel Burns

REGISTERED AGENT MUST SIGN

Date 12-11-96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Joel Burns Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-11-96

Date

954-583-0507

Daytime Phone #

CR200-0 (12/95)