

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J42633

1. Corporation Name

SEAMARK YACHT SERVICES, INC.

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

2994 OSH

3. Mailing Office Address

2994 OSH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARATHON, FL.

City & State

MARATHON, FL.

Zip

33050

Country

MONROE

Zip

33050

Country

MONROE

7. Name and Address of Current Registered Agent

Name

WILLIAM H MCKEMIE

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

870 COPA D ORO

Suite, Apt. #, Etc.

City

MARATHON, FL.

State

FL

Zip Code

33050

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1986

5. FEI Number

650191818

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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 of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

W H McKemie

REGISTERED AGENT MUST SIGN

Date *3-27-09*

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
P	WILLIAM H MCKEMIE	870 COPA D ORO	MARATHON, FL. 33050
S	JUDITH L. MCKEMIE	870 COPA D ORO	MARATHON, FL. 33050
	<i>P 3/31</i>		

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:

W H McKemie

W. H. McKemie

3-27-09

305 743 6633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 MAR 30 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200147976232
03/30/09--01045--016 **1050.00

REINSTATEMENT 03-09