

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 # **K 64349**

1. Corporation Name

**B & P Jet Ski Service, Inc.**

Principal Place of Business

Mailing Address

**96 PEDRO A. VARONA  
6026 S.W. 23<sup>RD</sup> STREET  
MIRAMAR, FLORIDA 33023**

**6026 SW 23<sup>RD</sup> ST.  
MIRAMAR, FL. 33023**

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 Address, If Applicable

**96 P.A. VARONA**

Suite, Apt. #, etc.

Suite, Apt. #, etc. **7809 W. COMMERCIAL BLVD.**

City & State

City & State **TAMARAC, FL.**

Zip

Country

Zip

**33351**

Country

**BROWARD**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

**65-0107965**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

FILED

00 OCT -2 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT

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.D.	VARONA, PEDRO A.	6026 SW 23 <sup>RD</sup> STREET	MIRAMAR, FL. 33023
VP, D.	VARONA, BEVERLY A.	6026 SW 23 <sup>RD</sup> STREET	MIRAMAR, FL. 33023

500003420005  
-10/10/00-01011-023  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent

**PEDRO A. VARONA  
6022 SW 23<sup>RD</sup> ST.  
MIRAMAR, FL. 33023**

9. Name and Address of New Registered Agent

Name **PEDRO A. VERONA**  
Street Address (P.O. Box Number is Not Acceptable)  
**7809 W. COMMERCIAL BLVD.**  
Suite, Apt. #, Etc.  
City **TAMARAC** State **FL** Zip Code **33351**

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

**Pedro A. Varona**  
REGISTERED AGENT MUST SIGN

Date

**9/23/00**

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.)

KE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pedro A. Varona**

**9/23/00**

Date

**(814) 726-8866**

Daytime Phone #

CR200-0 (12/95)