


2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2009 MAR -6 A 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K74341	
1. Entity Name BOB'S MARINE SALES AND SERVICE, INC.	

Principal Place of Business 14038 NORTH FLORIDA AVE. TAMPA, FL 33613-3233	Mailing Address 14038 NORTH FLORIDA AVE. TAMPA, FL 33613-3233
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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02192009 REIN-P CR2E098 (1/07)

4. FEI Number 59-2950626	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PATTERSON, ROBERT F. 14038 N. FLORIDA AVENUE TAMPA, FL 33613

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!!

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PATTERSON, ROBERT F. 14038 N. FLORIDA AVE. TAMPA, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTERSON, ROBERT F. 14038 N. FLORIDA AVE. TAMPA, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800144268398 02/24/09--01009--015 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 08/03/08 90003150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 08-09

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert F. Patterson Robert F. Patterson 2-19-09 813-961-8187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Davis Accounting and Tax Service of Tampa, Inc.

Wayne C. Davis E.A.

5111 N. Nebraska Ave.

Tampa, FL 33603

Office (813) 238-6993

Fax (813) 239-1824

February 27, 2009

Jeraline Saulsberry
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Bob's Marine Sales and Service, Inc

Ms. Saulsberry:

As per our conversation, I did not receive the Annual Report in time for file the 2008 Report. You have a copy of the front and back of last year's check that I renewed with ~~and also the check for the renewal for this year~~. I am returning everything to you that was sent back to me.

Respectfully,

DID NOT RETURN THIS YEAR'S CHECK FOR RENEWAL



Robert Patterson

Ref Number: K74341