

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06722

1. Corporation Name

PIRATE'S COVE RESORT, INC.

Principal Place of Business

4307 S.E. BAYVIEW ST
STUART FL 34997
US

Mailing Address

4307 SE BAYVIEW ST
STUART FL 34997
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1989

SP

5. FEI Number

59-2966502

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	4
DP	SUNAMURA, YASUhide	SANPHO TRADING 169-1	YOKOHAMA, JAPAN
D	CONNOLLY, MICHAEL J.	C/O ISC MARINE GROUP, RT 139, P.	GREEN HARBOR MA
VS	GUERTIN, GARY W.	4276 SE PALMETTO ST.	STUART FL
T	SURRARRER, SHARON	C/O CLARIDGE HOTEL, 1244 N DEARB	CHICAGO IL 60610
DV	SOBATA, KATSUHIRO	169-1 KARIBA-CHO HODOGYA-KU	YOKOHAMA JA
D	IJIMA, HIDETAKA	900 N ARLINGTON HEIGHTS RD, SUIT	TIASCA IL 60143

8. Name and Address of Current Registered Agent

KOPELOWITZ, HARVEY
750 SE THIRD AVE
SUITE 100
FT. LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name

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

7251 West Palmetto Park Road

Suite, Apt. #, Etc.

301

City

Boca Raton

State

FL

Zip Code

33433

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

REGISTERED AGENT MUST SIGN

Date

4/6/01

11. 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

Date

Daytime Phone #

2/2/01

561-282-2385

CR2E040 (8/00)