PLEASE READ A	ALL INSTRUCTIONS	REPORE C	OMPLETING	J IHIS FURIVI.	
APPLICATION FOR	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State				
REINSTATEMENT DIVISION OF CORPORATIONS		•	,,, pre pa		
DOCUMENT # LUSU95			FILED		
1. Corporation Name			99 DEC 23 PM 1: 16		
Submarine I, Inc.			SECRETARY OF STATE		
Principal Place of Business Mailing Address			TALLAHASSEE, FLORIDA		
•					
2600 Okeechobee Boulevard West Palm Beach, Florida 33409-4008			Series at the series of the series		
			REINSTATEMENT 99		
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 Office Address, If Applicable  2. Some Control of the Address of Applicable  3. New Mailing Office Address of Applicable			Date Incorporate     To Do Business		
285 Barcelone (Coad Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number	Applied Fob	
City & State West Rahn Beach, FL	West Palm Beach		<u> </u>	2-20-6-2-2-O Not Applicable	
Zip 3 340 1 Pala Beach	Zip Country	alan Beach	6. CERTIFICATE OF	STATUS DESIRED 💆	
7. Names and Street Addresses of Each Officer and/o			1		
Name of Officers Title(s) 1  Name of Officers and/or Directors 2  Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers				City / State / Zip	
P/S/D René v. Richtho	Po. 285 Bar	celona R	vad	west Palm Beach, FL 37401	
7 6	`	, 0		33401	
T/D Jane r. Richt	holen 285 Ba	ircelona R	Dad 1	33401	
	1				
			<b>L</b>   <b></b>	0080878515 -01/04/0001078020 *****758.75 *****758.75	
			]		
			0. No we and Add		
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent Reve von Kichthofen		
			P.O. Box Number is N		
Suite, Apt. #, Etc.			Barcelo	na Novo	
A //			Palm Bea	• •   · · · · · · · · · · · · · · · ·	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obl			bligations of Section 6	307.0505, F.S.	
Signature of Registered Agent Must SIGN				Date	
11. This corporation owes the current year Intangible Personal Property Tax due June 30.  Yes No   (See other side for information on intangible tax.)					
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso owed by the corporation have been paid and the non this application is true and accurate, and my significant	lution has been eliminated, the corpo names of individuals listed on this for	orate name satisties m do not qualify for	an exemption under	r 607 or 617, F.S. I further certify that when filing section 607.0401 or 617.0401, F.S., that all fees section 119.07(3)(i), F.S. The information indicated	

12.1

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561- 833 -582 8 Daytime Phone #