PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

97AR

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 24 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M49217

1. Corporation Name

SOUTHCOAST WATER SPORTS RENTAL, INC.

Principal Place of Business	Mailing Address
C/O BOBBY LANIER 5400 N OCEAN DR HOLLYWOOD FL 33019-4404	C/O BOBBY LANIER 5400 N OCEAN DR HOLLYWOOD FL 33019-4404

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/27/1987

5. FEI Number: 59-2786206 ☐ 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)

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
D	LANIER, BOBBY	5400 N OCEAN DR	HOLLYWOOD FL

900002258069--0
-11/26/97--01083--017
****165.00 ****165.00

8. Name and Address of Current Registered Agent

LANIER, BOBBY
5400 N OCEAN DR
HOLLYWOOD FL

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/97)

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: [signature] REGISTERED AGENT MUST SIGN Date: 11/21/97

11. This corporation owes or has paid 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 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11/21/97 Daytime Phone #: 954 431

2

GARY MANDEL P.A.

ACCOUNTING • INCOME TAXES

Tel. (954) 431-0991
FAX (954) 431-4883

2561 E. Saratoga Drive
Cooper City, FL 33026-5009

November 21, 1997

To Whom It May Concern,

We are located outside and at times do not receive our mail. We never received prior notification regarding this form. After calling Tallahassee we were told to pay only the $165.00 payment.

Thank You.

Respectfully,

Gary Mandel