

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# M66349

Entity Name: FLORIDA BOATLIFTS, INC.

**FILED**  
**Oct 29, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

4814 N. COOLIDGE AVE.  
TAMPA, FL 33614 US

**New Principal Place of Business:**

4821 N MANHATTAN AVE  
TAMPA, FL 33614 US

**Current Mailing Address:**

4814 N COOLIDGE AVE.  
TAMPA, FL 33614 US

**New Mailing Address:**

4821 N MANHATTAN AVE  
TAMPA, FL 33614 US

FEI Number: 59-2967467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRAEMER, TOM  
4814 N COOLIDGE AVE  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

KRAEMER, TOM  
4821 N MANHATTAN AVE  
TAMPA, FL 33614 US

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.

SIGNATURE: TOM KRAEMER

10/29/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KRAEMER, TOM  
Address: 4307 BEACHWAY DR  
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM KRAEMER

P

10/29/2014

Electronic Signature of Signing Officer or Director

Date