

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **M79360**

1. Corporation Name

RIVERS EDGE MARINE INC

Principal Place of Business

Mailing Address

**13850 FORSYTHE RD
SYKESVILLE MD 21784**

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

2. New Principal Office Address, If Applicable

13850 FORSYTHE RD

Suite, Apt. #, etc.

City & State

SYKESVILLE

Zip

MD

Country

USA

3. New Mailing Office Address, If Applicable

13850 FORSYTHE RD

Suite, Apt. #, etc.

City & State

SYKESVILLE MD

Zip

21784

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5/4/88

5. FEI Number

650053915

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 (Do NOT Use Post Office Box Numbers)	3	City / State / Zip	4
D		JEAN DICKY		13850 FORSYTHE RD		SYKESVILLE MD 21784	

**900002556749--7
-06/11/98--01063--012
***1350.00 ***1350.00**

6/6/10

8. Name and Address of Current Registered Agent

**JAMES DICKY
1820 W 25th ST
SUNSET ISLAND 2
MIAMI BEACH FLA 33140**

9. Name and Address of New Registered Agent

Name

JAMES DICKY James Dicky

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

1101 BRICKELL AV

Suite, Apt. #, Etc.

STE 200

City

MIAMI

State

FL

Zip Code

33131

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 **6/2/98**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/2/98

Daytime Phone #

CR2000 (12/96)