

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 24 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M85655

**1. Corporation Name**

Banana Cove Marina, Inc.

**2. Principal Office Address**

28725 State Rd 19

Suite, Apt. #, etc.

City & State

Tavares, FL

Zip

32778

Country

Lake

**3. Mailing Office Address**

28725 State Rd 19

Suite, Apt. #, etc.

City & State

Tavares, FL

Zip

32778

Country

Lake

**4. Date Incorporated or Qualified**

To Do Business in Florida June 15, 1988

**5. FEI Number**

59-2895693

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Dennis Wilson

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

28725 State Rd 19

Suite, Apt. #, Etc.

City

Tavares

State

FL

Zip Code

32778

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/22/04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Dennis Wilson	28725 State Rd 19	Tavares, FL 32778
S/D	Holley Wilson	28725 State Rd 19	Tavares, FL 32778

**10. 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

3/22/04 352-343-7951

Date

Daytime Phone #

CRCE081 (01/04)