

PLEASE READ ALL INSTRUCTIONS BEFORE COMI

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-27-2000 90131 027 ***900.00
FILED M92344
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # M92344

1. Corporation Name

RICK AND NICK'S BOAT COMPANY, INC.

Principal Place of Business

Mailing Address

C/O NEIL M. SCHUSTER
407 LINCOLN ROAD, STE. 108
MIAMI BEACH FL 33139-3069

C/O NEIL M. SCHUSTER
407 LINCOLN ROAD, STE. 108
MIAMI BEACH FL 33139-3069

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

08/03/1988

5. FEI Number

65-0347069

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 3	City / State / Zip 4
DPV	STANCZYK, RICHARD	144 SO. HAMMOCK DR.	ISLAMORADA FL 33036
ST	STANCZYK, RICHARD	144 SO. HAMMOCK DR.	ISLAMORADA FL 33036
		79851 Overseas Hwy P.O. Box 628.	

8. Name and Address of Current Registered Agent

FOX WILLIAM N CPA
79851 OVERSEAS HWY
ISLAMORADA FL 33036

9. Name and Address of New Registered Agent

Name **RICHARD STANCZYK**
Street Address (P.O. Box Number is Not Acceptable)
79851 OVERSEAS Highway
Suite, Apt. #, Etc.
City **ISLAMORADA** State **FL** Zip Code **33036**

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 REQUIRED
REGISTERED AGENT MUST SIGN
RICHARD STANCZYK

Date **1-18-2000**

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD STANCZYK

1-18-00

Date

Daytime Phone #

(1-305-664-2461)