

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1000000635

1. Corporation Name

Fort Lauderdale Maritime Museum, Inc

2. Principal Office Address

2257 S.W. 44th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL.

Zip

33312

Country

Broward

3. Mailing Office Address

2257 S.W. 44th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL.

Zip

33312

Country

Broward

REINSTATEMENT

600041731386

10/08/04--01069--001 **306.25

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Jacqueline Proudfoot

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

501 E Dania Beach Blvd. #3M

Suite, Apt. #, Etc.

3M

City

Dania Beach, FL. 33004

State

FL

Zip Code

33004

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

Jacqueline M Proudfoot
REGISTERED AGENT MUST SIGN

Date 10/1/04

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
Pres.	<u>Gypsy Graves</u>	<u>2257 S.W. 44th Street</u>	<u>Ft. Lauderdale FL 33312</u>
Sec	<u>William Raymond</u>	<u>909 S.E. 14th CT. #1</u>	<u>Ft. Lauderdale FL. 33316</u>
Treas.	<u>Jacqueline Proudfoot</u>	<u>501 E Dania Beach Blvd #3M</u>	<u>Dania Beach FL. 33004</u>

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:

Jacqueline M Proudfoot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/04 954 920-3602
Date Daytime Phone #