

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SEARCHED AND FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **N93000004690**

1. Corporation Name  
**SIX-BUOYS, Inc.**  
**645 GREAT ABACO COURT**  
**JACKSONVILLE, BEACH, FL. 32250**

2. Principal Office Address **645 GREAT ABACO COURT**  
3. Mailing Office Address **645 GREAT ABACO COURT**

Suite, Apt. #, etc. **3**  
City & State **JACKSONVILLE BEACH, FL. JACKSONVILLE BEACH, FL.**  
Zip **32250** Country **DUAL-USA**

4. Date Incorporated or Qualified To Do Business in Florida **10-11-93**  
5. FEI Number **59-3224771**  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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

Name **TRAVIS HENDRIX**  
Street Address (P.O. Box Number is Not Acceptable) **645 GREAT ABACO COURT**  
Suite, Apt. #, Etc. **700004481637-2**  
City **JACKSONVILLE BEACH, FL.** State **FL** Zip Code **32250**

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 **[Signature]** Date **5/21/01**  
REGISTERED AGENT MUST SIGN

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	JEFF HOLBROOK (D)	7343 LAKE EMMA ROAD	GROVELAND FL 34736
TRAS	TRAVIS HENDRIX (D)	645 GREAT ABACO COURT	JACKSONVILLE BEACH FL 32250
SEC	RICK MUSMEDITZ (D)	35 ROSEWOOD PRINE	JACKSONVILLE BEACH FL 32250

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]** **TRAVIS HENDRIX** **5/21/01** **904-953-2517**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/00)