

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR -6 PM 3: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006668

1. Corporation Name

CENTRAL FLORIDA MARINE CONSERVATION CORP.

2. Principal Office Address - No P.O. Box #

2220 Edgar Court

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 607459

Suite, Apt. #, etc.

City & State

WINTER PARK

City & State

Orlando, Florida

Zip

32765

Country

USA

Zip

32860

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3544792

☐ 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
David R. Heil, P.A.

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

2324 Lee Road

Suite, Apt. #, Etc.

City
Winter Park

State
FL

Zip Code
32789

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 4/4/07

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
PD	Walter Eismann	2220 Edgar Court	Winter Park, Fl. 32765
VD	Terry Winn	P.O. Box 190	Osteen, Fl. 32764
SD	David Heil	2324 Lee Road	Winter Park, Fl. 32789
TD	Patrick Magrady	845 Coachlamp Circle	Sanford, Fl. 32771

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 contained in Chapter 119, 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

Daytime Phone #

4/4/07

807-492-1991