

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
02 NOV -8 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000010502**

**1. Corporation Name**

**Amerilift Marina Corporation**

**2. Principal Office Address**

**995 SW 13th Dr.**

**3. Mailing Office Address**

**995 SW 13th Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

Zip

**33486**

Country

**Palm Beach**

Zip

**33486**

Country

**Palm Beach**

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

**01/31/2000**

**5. FEI Number**

**47-0869656**

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

**Greg Graham**

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

**995 SW 13th Dr.**

Suite, Apt. #, Etc.

City

**Boca Raton, FL**

State  
**FL**

Zip Code

**33486**

**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

**11/06/02**

**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	Greg Graham	995 SW 13th Dr.	Boca Raton, FL 33486

**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

Date

Daytime Phone #

CR2081 (9/01)

06 November 2002

To Whom It May Concern:

It has come to our attention that our company Amerlift Marina Corporation P00000010502 has been designated Inactive as of 10/04/02 and needs to be reinstated.

We are requesting that the reinstatement fee of \$750.00 be waived in favor of the normal \$150.00 fee, which is enclosed, due to the fact that we have never received the previous uniform business reports to keep our status in good standing.

Your attention to this matter is greatly appreciated.



Greg Graham  
President

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Amerilift Marina Corporation

please  
file  
1st



Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date

Time

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- RECEIVED  
02 NOV -7 AM 11:00  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE
- \_\_\_\_\_ Art of Inc. File \_\_\_\_\_
  - \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
  - \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
  - \_\_\_\_\_ L.C. File \_\_\_\_\_
  - \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
  - \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
  - \_\_\_\_\_ Merger File \_\_\_\_\_
  - \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
  - \_\_\_\_\_ RA Resignation \_\_\_\_\_
  - \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
  - ☒ Annual Report / Reinstatement \_\_\_\_\_
  - \_\_\_\_\_ Cert. Copy \_\_\_\_\_
  - ☒ Photo Copy \_\_\_\_\_
  - \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
  - \_\_\_\_\_ Certificate of Status \_\_\_\_\_
  - \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
  - \_\_\_\_\_ Corp Record Search \_\_\_\_\_
  - \_\_\_\_\_ Officer Search \_\_\_\_\_
  - \_\_\_\_\_ Fictitious Search \_\_\_\_\_
  - \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
  - \_\_\_\_\_ Vehicle Search \_\_\_\_\_
  - \_\_\_\_\_ Driving Record \_\_\_\_\_
  - \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
  - \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
  - \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
  - \_\_\_\_\_ Courier \_\_\_\_\_