

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000012645

1. Corporation Name

BOATSMART INC.

Principal Place of Business

12458 145TH LN N
LARGO FL 33774

Mailing Address

~~9934 INDIAN KEY TRAIL
LARGO FL 34646~~

~~12458 145th Ln. N
Largo, FL 33774~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/2000

5. FEI Number

59-3618857

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
P	TOROK, JULIUS J	9934 INDIAN KEY TRAIL 3203 Hilltop Lane	LARGO FL 34646 33770-2724

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 22 AM 8:00

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

TOROK, JULIUS J
3203 HILLTOP LANE
LARGO FL 33770-2724

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Julius J. Torok
REGISTERED AGENT MUST SIGN

Date

10/20/03

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:

Julius J. Torok
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/03 727-577-3700

Daytime Phone #



Boatsmart Inc.
at Largo Intercoastal Marine
12458 145th Lane N
Largo, FL 33774
(727) 517-3700

20 October 2003

Division of Corporations
Florida Department of State
Reinstatement Department
P.O. Box 6327
Tallahassee, FL 32314-6327

Service Representative:

Please note that the enclosed application was not received by either the business address or by the proprietor, Julius Torok.- It was brought in by a former partner on 17 October 2003.
The address and officers changes were submitted with the 2002 Application.

Please find enclosed the Application for Reinstatement, with corrections and note. Consider that we received no prior notice and that your department is holding our check #4153.

I spoke to your department representative 20 October 2002, who gave me the information that the March form was destroyed but the check was on file.

Very truly yours,

Enc: 2
JT: KT