


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000013743

1. Corporation Name

LONG GREEN'S MARINE, INC.

Principal Place of Business

1050 N.E. DIXIE HWY.
JENSEN BEACH FL 34957

Mailing Address

1050 N.E. DIXIE HWY.
JENSEN BEACH FL 34957

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2000

5. FEI Number

65-1025511

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
D	LAZARUS, SCOTT	801 S.W. LIGHTHOUSE DR. 1058 S.E. Damask Ave	RAIM CITY FL 34991 Port St Lucie FL 34983

600004678466--0
-11/14/01--01021--025
****750.00 ****750.00

REINSTATEMENT 01/1/78

8. Name and Address of Current Registered Agent

METZGER, KATHY A
789 S. FEDERAL HWY., STE. 206
STUART FL 34994

9. Name and Address of New Registered Agent

Name
JOHN COPELAND
Street Address (P.O. Box Number is Not Acceptable)
10 Central Parkway
Suite, Apt. #, Etc.
Suite # 400
City
Stuart
State
FL
Zip Code
34994

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.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date Oct. 24, 01

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 24, 01

Date

561-334-0944

Daytime Phone #

CR2ED040 (8/01)