

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 JUN -1 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **700000023582**

1. Corporation Name

Cruise Merchant, Inc.

700103636807
06/01/07--01004--006 **1200.00

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

820 Pheasant Run Ct W. 820 Pheasant Run Ct. W.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Port Orange, FL.

Zip

32127

Country

U.S.A

City & State

Port Orange, FL.

Zip

32127

Country

U.S.A

REINSTATEMENT 02-07

4. Date Incorporated or Qualified
To Do Business in Florida

original
05-03-2000

5. FEI Number

☒ 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

Mark E. Applegate

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

820 Pheasant Run Ct.

Suite, Apt. #, Etc.

City

Port Orange

State

FL

Zip Code

32127

☒ 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

Mark E. Applegate

REGISTERED AGENT MUST SIGN

Date **05/26/07**

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
Pres	Laura L. Applegate	820 Pheasant Run Ct.	Port Orange, FL.
V.P./ Sec.	Mark E. Applegate		32127

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

Laura L. Applegate

Laura L. Applegate

Date

05/26/07

Daytime Phone #

(386)

756-0202