

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JUN 13 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/2

DOCUMENT # 000000056608

1. Corporation Name

BAYWATCH BOAT RENTALS, TOURS  
+ CHARTER'S INC.

WOS-27658

2. Principal Office Address

4525 COLLINS AVE

3. Mailing Office Address

7601 E TREASURE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2119

City & State

MIAMI BEACH

City & State

NORTH BAY VILLAGE

Zip

FL.

Country

USA

Zip

33141

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

JUNE 5, 2000

5. FEI Number

65-1016992

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

03-05

**7. Name and Address of Current Registered Agent**

Name

JOAQUIN RAMIREZ (PRESIDENT)

U. Reports

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

7601 E TREASURE DR.

Suite, Apt. #, Etc.

2119

City

NORTH BAY VILLAGE

State

FL

Zip Code

33141

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

[Signature]

Date

5/24/05

REGISTERED AGENT MUST SIGN

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
<u>PRESIDENT</u>	<u>JOAQUIN RAMIREZ</u>	<u>APT. 2119 7601 E TREASURE DR.</u>	<u>N BAY VILLAGE FL. 33141</u>

3000055412863  
05/27/05--01049--004 \*\*300.00

4/24/04 90035 041 18/50 W

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/05

Date

305 2182249

Daytime Phone #

PRESIDENT

CR2E081 (01/05)

# 000000 56608

2/2

May 24, 2005

Dear Representative,

Included is the reinstatement form and a check for \$300.00, please reinstate my corporation. I am not sure what has been going on but I can assure you I did not receive notification about this report. Please accept this check for \$300.00 to process my 2003 Uniform Business Report. I understand you already have \$150.00 on file. I assure you all future reports will be on time.

Sincerely,

President

