

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000059221

1. Corporation Name

BOCA BAY CLAMS, INC.

Principal Place of Business

Mailing Address

81 BAY SHORE CIRCLE
ENGLEWOOD FL 34224

P O BOX 5001
GROVE CITY FL 34224

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

REINSTATEMENT 03



700023958647

10/21/02 01010-018 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/2000

5. FEI Number

65-1018520

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	QUIRK, GRANT	P O BOX 5001	GROVE CITY FL 34224
D	QUIRK, LORRY	P O BOX 5001	GROVE CITY FL 34224
D	RAY, JIMMY R	44 CADDY RD	ROTONDA WEST FL 33947
D	LUCAS, LORI A	44 CADDY RD	ROTONDA WEST FL 33947

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HANEWINCKEL, DEAN~~
2800 PLACIDA RD, SUITE 110
ENGLEWOOD FL 34224

Name

Grant Quirk

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

18 BAY Shore Cir Boca Grande Fl. 33921

Suite, Apt. #, Etc.

Max Box 5001 Englewood FL

City

State

FL

Zip Code

34224

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

REGISTERED AGENT MUST SIGN

Date 10-15-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03

Date

Daytime Phone #

CR2E040 (7/03)