PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P00000064378 DOCUMENT

1. Corporation Name

INTRACOASTAL SHIP STORE, INC.

Principal Place of Business

Mailing Address

FILED

03 OCT 27 AM 9: 25

SECHETARY OF STATE TALLAHASSEE FLORIDA



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,

BEGISTERED AGENT MUST SIGN

Signature of Registered Agent

Date 10-24-03



10-24-03

So whom it may concern

Per our conversation today we apolizzed for not paying the tax on time. For whatever reason whether the accountant never piled it or Our old manger never gave it to us. We would appreciate your understanding. Thomkinger In advence we remain;

Very truly your Dollow America SALVATORE SABELLA MGR.