## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P00000070239

1. Corporation Name

PIER 57 BOAT SALES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

116 HWY. 98 EAST

116 HWY. 98 EAST

02 HOV -4 PM 1: 13

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DESTRA	FL 32341	DESTIN FL	. 32541			81 (1) 88))) 88))) 88)) 88)) 88))		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						REASTATEMENT 02		
2. New Pi	rincipal Office Address, If Applicable	ling Office Address, If Applicable 4. D		4. Date Incor	Date Incorporated or Qualified			
Suite, Apt. #, etc. Suite, Apt.			#, etc.		<u></u>	Do Business in Florida 07/20/2000		
City & State City & S			ate		59-3677200 Applied For Not Applicable			
Zip	Country	Zip		intry		TE OF STATUS DESIRED   \$8.75	Additional Fee required a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	l/or Director (Flo	orida nonprofit corp	orations must list at lea	ast 3 directors)	· · · · · · · · · · · · · · · · · · ·		
Title(s)	Name of Officers 2 and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
<del>-D-</del>	PACE, FREDERIC D	8 MORENO PT.			-DEGTIN FL 32541			
AP	LAIRD, ALAN P. O. BOX 17			15	DESTIN FL 32540			
	WOODS, DAVID	12720 HWY 57 SOUTH			DESTIN FL 32541			
S	Mith Iwarsh	12720 Hwx 57 South			Counce, TN	1 38396		
	9 Name and Address of O				<b>40</b> 1	000878757 1201079020 **	<b>4</b> 750.00	
8. Name and Address of Current Registered Agent  Name					9. Name and Address of New Registered Agent			
FLEET, H. BART 1201 EGLIN PARKWAY SHALIMAR FL 32579 -				Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.				
		78 411		City State Zip Code				
Signature of Registered A	nat I am an officer or director or the receive	GISTERED AGE	REQU NT MUST SIGN	JIRED this application as pro	vided for in chap	Date	y that when filing	
on this ap	he corporation have been paid and the na plication is true and accurate, and my sign	ature spatizhave	als listed on this for the same and eff	m do not qualify for an	exemption unde	er section 119.07(3)(i), F.S. The in	nformation indicated	

SIGNATURE:

SIGNADURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

on this application is true and accurate, and my signature shalf have the same egal effect as if made under oath.