

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -5 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000078511

1. Corporation Name

A & B BOATWORKS, INC.

Principal Place of Business

900 E ATLANTIC BLVD. #241
POMPANO BEACH FL 33060

Mailing Address

900 E ATLANTIC BLVD. #241
POMPANO BEACH FL 33060

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/2000

5. FEI Number

x 65-1033261

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
P	BROWN, AMY RODE	900 E ATLANTIC BLVD, #241	POMPANO BEACH FL 33060

300004699233--2
-11/30/01--01010--014
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

BROWN, AMY RODE
900 E ATLANTIC BLVD, #241
POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Amy Rode Brown
REGISTERED AGENT MUST SIGN

Date 11/1/01

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:

Amy Rode Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/01 (954) 785-0114
Date Daytime Phone #

CR2E040 (8/01)

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A & B BOATWORKS, INC.
900 E. Atlantic Blvd. #241
Pompano Beach, Florida 33060-7371

November 1, 2001

Florida Department Of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern,

I am writing in reference to the Notice of Administrative Dissolution or Revocation which I just received in the mail. I did not receive the 2001 Uniform Business Report application.

I have enclosed a copy of the Uniform Business Report which I down loaded from the internet website as per your instructions and have filled out the application.

I have also enclosed a check for \$150.00.

Best Regards,


Amy Rode Brown