

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUL 11 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000093203

1. Corporation Name

BEST MARINE IMPORTS, INC.

2. Principal Office Address

1985 S. Ocean Drive

Suite, Apt. #, etc.

16 G

City & State

Hallandale, FL

Zip

33009

Country

U.S.A

3. Mailing Office Address

1749 E. Hallandale Beach

Suite, Apt. #, etc.

#299

City & State

Hallandale, FL

Zip

33009

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

October 3, 2000

5. FEI Number

651046056

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carolyn Isacovici

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

1985 S. Ocean Drive

Suite, Apt. #, Etc.

16 G

City

Hallandale

State

FL

Zip Code

33009

100006359251--8

07/12/02 0105--030

\*\*\*300.00 \*\*\*300.00

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

Carolyn Isacovici

REGISTERED AGENT MUST SIGN

Date

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
PRES	Roberto Isacovici	1985 S. Ocean Dr. 16G	Hallandale, FL 33009
V.P.	Carolyn Isacovici	1985 S. Ocean Dr. 16G	Hallandale, FL 33009

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:

Carolyn Isacovici

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/02 (954) 4561619

Date

Daytime Phone #

CR2E081 (9/01)

7/11/02



## **BEST MARINE IMPORTS INC.**

*Unique products for all your sailing needs*

1749 E. Hallandale Beach Blvd. Box 299

Hallandale FL., 33009

Tel. (954) 665 8782

Fax (954) 458 4939

Toll Free: (888) 784 8611

e-mail: [bemarine@bellsouth.net](mailto:bemarine@bellsouth.net)

[WWW.bestmarineimports.com](http://WWW.bestmarineimports.com)

July 8, 2002

Department of State

Division of Corporations

P.O. Box 6327 --

Tallahassee, FL 32314

Attention: Reinstatement Section

To Whom It May Concern:

Enclosed please find the Corporation Reinstatement Form and a check for \$300.00. I am requesting that the \$600.00 fine be waived, because the notices never arrived. I was informed earlier today that both notices were returned because the address was printed incorrectly.

Thank you very much.

Sincerely,

*Carolyn Isacovici*

Carolyn Isacovici