

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -8 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P00000114034

1. Corporation Name

Mayport Marine of Jacksonville, Inc.

2. Principal Office Address

4852 N. Ocean Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip 32233

Country

US

3. Mailing Office Address

4852 N. Ocean St.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32233

Country

US

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/12/2000

5. FEI Number

593685534

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

Laurie Lee, Esq. c/o Smith Hill Law Firm

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

8810 Goodby's Executive Drive

Suite, Apt. #, Etc.

Suite C

City

Jacksonville.

State
FL

Zip Code

32217

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

Laurie M. Lee

REGISTERED AGENT MUST SIGN

Date 4/5/04

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
DP	Neal Abel	4852 N. Ocean Street	Jacksonville, FL 32233

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #