

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 24 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000114106

1. Corporation Name

TOURNAMENT BOATS, INC.

Principal Place of Business

0402 B NE 37TH PL  
WILDBOOD FL 33521

Mailing Address

0402 B NE 37TH PL  
WILDBOOD FL 33521

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.  
3496 HWY 301 E

City & State  
SUMMER COUNTY, FL

Zip Country  
33521 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
P.O. Box 69

City & State  
COLEMAN, FL

Zip Country  
33521 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/13/2000

5. FEI Number

59-3685646

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	NASH, GEORGE J	1010 WARNELL RD 15241 S.E. 47 AVE	COLEMAN FL 33521 SUMMERFIELD, FL 34491
D	WILLIAMS, DENNIS	2811 AUTUMN GREEN DR	ORLANDO FL 32822

8. Name and Address of Current Registered Agent

MARCHBANKS, LAWRENCE J  
110 CLEVELAND AVE  
WILDBOOD FL 34785

9. Name and Address of New Registered Agent

Name

GEORGE J. NASH

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

15241 S.E. 47 AVE

Suite, Apt. #, Etc.

City

SUMMERFIELD

State

FL

Zip Code

34491

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

4/17/02

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02 352-748-3252

Date

Daytime Phone #

CR2040 (8/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 11, 2002

LATIN AMERICAN HEALTH CENTER INC  
705 EAST 26TH STREET  
HIALEAH, FL 33013

SUBJECT: LATIN AMERICAN HEALTH CENTER INC  
Ref. Number: P00000077231

We have received your document for LATIN AMERICAN HEALTH CENTER INC and check(s) totaling \$750.00. However, your check(s) and document are being returned for the following:

Because your reinstatement was not completed in time for you to receive a annual report form/uniform business report, we must collect the fee(s) due for the current calendar year. Therefore, the total amount due to reinstate the entity is \$900.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell  
Document Specialist

Letter Number: 102A00021573