

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000114804

1. Corporation Name

FREEMAN'S INTRACOASTAL MARINE, INC.

Principal Place of Business

200 US HWY. 17 SOUTH  
YULEE FL 32097

Mailing Address

200 US HWY. 17 SOUTH  
YULEE FL 32097

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

12/11/2000

5. FEI Number

59-3702449

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
1	2	3	4
D	FREEMAN, WALTER R	1725 BROOME ST.	FERNANDINA BCH FL 32034

500004711135--1  
-12/06/01--01026--009  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

BANKS, COLLEEN  
3616 EMERSON ST.  
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0 NOV 01 (904) 225-9955



Freeman's Intracoastal Marine  
200 U S Hwy 17 South  
Yulee, FL 32097

To Whom It May Concern:

I am writing this letter to ask for reinstatement of our Corporation Status. This being our first year in business we were not aware that the \$150.00 fee needed to be sent in. I realize that ignorance is not a valid excuse however we have had extreme issues that have prevented me from becoming involved to the level where this might not have happened.

I have been the sole caregiver of my father who has been extremely ill this year with colon cancer. His age (87) and condition prevented him from taking care of himself. He passed away in October (death certificate enclosed). I feel that under these circumstances and the stress that I was under that I possibly overlooked this fee. We are a struggling new business and with a small cash flow. A large penalty would be detrimental at this point. I will be more careful in the future if you would please consider my request.

Sincerely,

  
Dorothy H Freeman