

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

02 FEB 25 PM 2:28

DOCUMENT # P00000116093

1. Corporation Name

CONCH REPUBLIC FLAMINGO FLEET INC
1025 ROBERTS LANE
KEY WEST FL 33040

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/2000

5. FEI Number

Pending

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

04-18-01 90040 003 \$150.00

REINSTATEMENT

01-02

7. Name and Address of Current Registered Agent

Name

BRUCE RITSON

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

513 WHITEHEAD STREET

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

500005044505--0

-03/06/02--01005--002

****750.00 ****750.00

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

Bruce Ritson

Date **02/15/2002**

REGISTERED AGENT MUST SIGN

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
P/D	WILLIAM BOHMFALK	1025 ROBERTS LANE	KEY WEST FL 33040

WBF 3/4

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:

William Bohmfalk
WILLIAM BOHMFALK PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/2002 305/797-1633

Date

Daytime Phone #

CR2E081 (9/01)