

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000013455

1. Corporation Name

RC DIVE AND SAIL, INC.

FILED
02 NOV -4 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

425 HARBOUR DR.
NAPLES FL 34103

Mailing Address

425 HARBOUR DR.
NAPLES FL 34103

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KESSLER, CRISTI MAUE-	425 HARBOUR DR.	NAPLES FL 34103
D	KESSLER, RICHARD	425 HARBOUR DR.	NAPLES FL 34103
D	MAUE, JAN G	425 HARBOUR DR.	NAPLES FL 34103

500008766445
11/04/02--01002--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROMANO, JUDY A
6719 WINKLER RD., STE. 112
FT. MYERS FL 33919

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

10-25-02

Date

239 649 6379

Daytime Phone #

CR2E040 (8/02)

2082

RC Dive and Sail, Inc.

Crewed and bareboat charters

125 Lilee Drive
Mount Vernon, WA 98273

425 HARGREAVE DR.
Naples FL 34103

off: 360-428-5095 cell: 360-202-1235 fax: 360-428-5095
e-mail: RCDiveandSail@aol.com

To Whom this concerns

I have not received the uniform Business Report UBR do to the fact my husband and I had been out of the country until mid-June. At that time my husband was very ill and after numerous months of doctoring he was diagnosed with stage IV cancer in September. I was also diagnosed with ovarian mass and scheduled for surgery.

Under the stress business became secondary.

Enclosed is the UBR filing fee and application for reinstatement. If you need medical verification we can supply it. Under the circumstances our financial resources are limited. If there is a chance to waive this fee it would be appreciated.

Please respond immediately as once my husband recovers from surgery, he will be leaving to go for chemo treatment.