

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039371

1. Corporation Name

SW FLORIDA YACHT SPECIALIST, INC.

Principal Place of Business

Mailing Address

~~1800 SW 40TH TERR~~
~~CAPE CORAL FL 33914~~

15440 Sonoma Dr
Ft Myers FL 33908

~~1800 SW 40TH TERR~~
~~CAPE CORAL FL 33914~~

PO Box 100243
Cape Coral FL 33910

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/2001

5. FEI Number

65-1097526

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD VSD	SCHROEDER, DANIEL L	1800 SW 40TH TERR 15440 Sonoma Dr	CAPE CORAL FL 33914 Ft Myers FL 33908
VSD	SCHROEDER, JULIE A	1800 SW 40TH TERR	CAPE CORAL FL 33914
			000024383310 11/03/03-01077-018 **750.00

8. Name and Address of Current Registered Agent

~~SCHROEDER, DANIEL L~~
~~1800 SW 40TH TERR~~
~~CAPE CORAL FL 33914~~

9. Name and Address of New Registered Agent

Name Daniel Schroeder
Street Address (P.O. Box Number is Not Acceptable)
15440 Sonoma Dr
Suite, Apt. #, Etc.
Apt 205
City Ft Myers
State FL Zip Code 33908

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]
REGISTERED AGENT MUST SIGN

Date

10/23/03

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

Date

10/27/03 239-841-2528
Daytime Phone #

CR2E040 (7/03)