

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000044382

1. Corporation Name

WHITECAP MARINE, INC.

Principal Place of Business

711 BUSINESS PARK BLVD STE 103
WINTER GARDEN FL 34787

Mailing Address

711 BUSINESS PARK BLVD STE 103
WINTER GARDEN FL 34787

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

04/27/2001

5. FEI Number

59-3716441

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	Street Address of Each Officer and/or Director	City / State / Zip
P	SARGENT Wayne B.	552 LAURENBURG CAN	OCLOEE, FL 34761
VP	Mark S. Camm	2225 Howard Ave	Winter Park, FL, 32789

4000008605084
10/28/02-01032-015 **750.00

8. Name and Address of Current Registered Agent

WEATHERFORD, WILLIAM P JR
1031 W MORSE BLVD STE 105
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name

Wayne B. Sargent

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

552 Laurenborg Lane

Suite, Apt. #, Etc.

City

OCLOEE FL

State

FL

Zip Code

34761

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
REGISTERED AGENT MUST SIGN

Date 10-20-02

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

Date

Daytime Phone #

10-20-02 4079055790

CR2E040 (8/02)