

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 30 PM 2:08

DOCUMENT# P01000049587

1. Corporation Name

BOCA MARINE REPAIR, INC.

2. Principal Office Address

2631 NW 1ST AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2631 NW 1ST AVE

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33431

Country

U.S.

Zip

33431

Country

U.S.

REINSTATEMENT

02-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5-17-01

5. FEI Number

65-1110183

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TIMOTHY L. WILLIAMS

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

483 NE 31ST ST

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of
Registered Agent

Timothy L. Williams
REGISTERED AGENT MUST SIGN

Date

6/28/06

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
PS	Timothy L. Williams	483 NE 31 ST ST	BOCA RATON FL 33431

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 contained in Chapter 119, 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:

Timothy L. Williams
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/28/06
561
361-8600
Daytime Phone #