

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P01000053991**

1. Corporation Name

DOCKSIDE MARINE SERVICES OF MIAMI, INC.

Principal Place of Business

Mailing Address

**3301 RICKENBACKER CAUSEWAY SLIP B-13
KEY BISCAVNE FL 33149**

**3301 RICKENBACKER CAUSEWAY SLIP B-13
KEY BISCAVNE FL 33149**



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

05/22/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1108984

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CANCIO-BELLO, JOE	3301 RICKENBACKER CAUSEWAY SLIP	KEY BISCAVNE FL 33149

500031368065
03/30/04--01012--025 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CANCIO-BELLO, JOE
3301 RICKENBACKER CAUSEWAY SLIP B-13
KEY BISCAVNE FL 33149

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

Same as below

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:

Joe Cancio-Bello
JOE CANCIO-BELLO

Date

Daytime Phone #

3/30/04 (305) 345-7312

CR2040 (7/03)