

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 22 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000054181

1. Corporation Name

Neptune's of Boston, Inc.

YR

2. Principal Office Address

3057 Cleveland Ave.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33901

Country

Lee

3. Mailing Office Address

3057 Cleveland Ave.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33901

Country

Lee

REINSTATEMENT

02-04

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/01

5. FEI Number

65-1109469

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

Dermott McNulty

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

2885 Palm Beach Blvd

Suite, Apt. #, Etc.

Unit 607

City

Fort Myers

500028232975
02/05/04--01017--022 **150.00
FL 33901

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Dermott McNulty

REGISTERED AGENT MUST SIGN

Date

1/19/04

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
D	Dermott McNulty	2885 Palm Beach Blvd	Fort Myers, FL 33901

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 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:

Dermott McNulty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/04 232-334-0245

Daytime Phone #

CR2E081 (10/02)