PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P01000054392 **DOCUMENT #**

1. Corporation Name

RENTAL BOAT COMPANY

Principal Place of Business

Mailing Address

FILED

03 OCT 27 AM 11:21

SECRETARY OF STATE TALLAHASSEE. FLORIDA



79851 OVERSEAS HIGHWAY ISLAMORADA FL 33036			PO BOX 401 ISLAMORADA FL 33036								
							REINSTATEMENT 03				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								9 8 8 2 8 6 6 8 8 8 8 8	<u> </u>	U)	
2. New Pri	ncipal Office A	New Mailing Office Address, if Applicable				orated or Qualified less in Florida	00104100	14			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					06/01/20	<u>/!</u>		
						5. FEI Number		L	Applied For		
City & State			City & State				6.	65-1112359		Not Applicable	
Zip Country		Zip		Country	/	CERTIFICATE OF STATUS DESIRED			onal Fee required ficate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
Title(s) Name of Officers and/or Directors				Street Address Officer and/or I							
PD	RINDOM, JEFFREY			PO BOX 401				ISLAMORADA FL 33036			
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8. Name and Address of Current Registered Agent							9 Name and 6	ddress of New Benist	ered Agent		
o. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent Name					
DINDOM											
RINDOM, JEFFRY 702 ATLANTIC LANE						Street Address (P.O. Box Number is Not Acceptable)					
ISLAMORADA FL 33036					Suite, Apt. #, Etc.						
						City State 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 MUST SIGN Date D-18-03											
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 of a made under oath.											

SIGNATURES

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



P.O. Box 1821 Islamorada, Fla. 33036

October 18, 2003

To Whom It May Concern,

Rental Boat Company did not receive a notice for 2003 corporation
Annual/uniform business report notification. The address for the company
Changed. Just received the notice of certificate of administrative
dissolution or revocation.

Sincerely, Jeff Rindom

Signature

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