

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 MAR 10 PM 4:24

DOCUMENT # **PO1000055206**

1. Corporation Name

Tides Boatworks Inc.

100068110371
03/20/06--01025--001 **1200.00

2. Principal Office Address

4125 MACAULAY LN

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34241

Country

U.S.A.

3. Mailing Office Address

4125 MACAULAY LN.

Suite, Apt. #, etc.

City & State

SARASOTA, FL.

Zip

34241

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

6/5/2001

5. FEI Number

651130943

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert Helmick

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

4125 MACAULAY LN.

Suite, Apt. #, Etc.

City

SARASOTA, FL

State

FL

Zip Code

34241

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **3-8-06**

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
P	Robert Helmick	4125 MACAULAY LN. SARASOTA, FL 34241	SARASOTA, FL. 34241
S	Keeri Helmick	4125 MACAULAY LN. SARASOTA, FL 34241	SARASOTA, FL. 34241

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Helmick

3-8-06 941-232-2461

Date

Daytime Phone #

3/14/06