

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 DEC -3 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000066169

1. Corporation Name

Full Moon Kayak Company, Inc.

2. Principal Office Address

P.O. Box 22003

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33335

Country

USA

3. Mailing Office Address

P.O. Box 22003

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33335

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1120405

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

Colleen Guido

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

1223 Seminole Drive

Suite, Apt. #, Etc.

City

Ft. Lauderdale, FL

State

FL

Zip Code

33304

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

*Colleen Guido*

REGISTERED AGENT MUST SIGN

Date 11-14-02

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	Colleen Guido	1223 Seminole Drive	Ft. Lauderdale, FL 33304

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:

*Colleen Guido*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-14-02

Daytime Phone #

954-328-5231

CR2E081 (9/01)

jr 12/6

FULL MOON KAYAK CO  
P.O. BOX 2200  
FT. LAUDERDALE, FL 33301  
INC.

November 14, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Division of Corporations Dept.

Dear Sir or Madam:

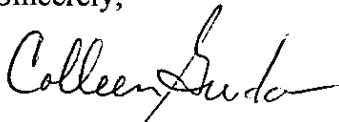
Please be advised that this was the first notice  
Uniform Business Report (UBR). We are sending  
a check in the amount of \$150.00.

We respectfully request that you accept payment  
to file late and had we received the previous notice  
Thank you very much in advance for your consideration.

the filing of the 2002  
and reinstatement form with

since it was not our intention  
we would have paid it.  
matter.

Sincerely,



Colleen Guido

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