

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

03 MAY 29 AM 10:04

DOCUMENT # **PO1 0000 77154**

1. Corporation Name

Smugglers Cove MGMT., INC

2. Principal Office Address

3. Mailing Office Address

5664 East Hwy 98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Parker FL.

Zip Country Zip Country

32404 Bay

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/2/01

5. FEI Number

36-446-3596

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

WAYNE E. DAHL D.C.

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

5664 E. Hwy 98

Suite, Apt. #, Etc.

City

Parker FL.

State
FL

Zip Code

32404

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

Wayne E. Dahl D.C.
REGISTERED AGENT MUST SIGN

Date

5/29/03

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
Pres	WAYNE DAHL D.C.	7699 Hwy 65	MPLS. MN 55432

100020250791

05/29/03 01037 001 **2900.00

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:

Wayne E. Dahl D.C.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/29/03

Daytime Phone #

CR2E081 (10/02)