

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

04 JUL -2 AM 8:15

REINSTATEMENT 63-04

DOCUMENT # 702000027178

1. Corporation Name
AMF MARINA SERVICES, INC.

2. Principal Office Address
41395 NOAK LINE BLVD

Suite, Apt. #, etc.

City & State
HERNANDO BEACH, FL

Zip
34607

Country
USA

3. Mailing Office Address
321 WATERFORD CIR. E.

Suite, Apt. #, etc.

City & State
TARPON SPRINGS, FL

Zip
34688

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 03-12-02

5. FEI Number
27-0006278

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
Robert A. Forlizzo

Street Address (P.O. Box Number is Not Acceptable)
2903 RIGSBY LANE

Suite, Apt. #, Etc.

City
SAFETY HARBOR

State
FL

Zip Code
34695

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 X [Signature]

Date X 5/12/04

REGISTERED AGENT MUST SIGN

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.	Joseph F. Ambrose	321 Waterford Cir E.	Tarpon Springs FL 34688
Vice P.	Joseph F. Ambrose	321 Waterford Cir E.	Tarpon Springs, FL 34688
Sec.	Joseph F. Ambrose	321 Waterford Cir E.	Tarpon Springs, FL 34688
Treas.	Joseph F. Ambrose	321 Waterford Cir E.	Tarpon Springs, FL 34688

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/04

Date

(352) 596-2952

Daytime Phone #

CR2001 (01/04)