PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000049496 DOCUMENT

Corporation Name

DEEP WATER PIRATES, INC.

Principal Place of Business

Mailing Address

3774 PIRATES WAY YULEE FL 32097

3774 PIRATES WAY YULEE FL 32097

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If above	addresses are incorrect in any way,	line through incorrect i	information and enter	correction below.	REINS	STATEME		87
2. New P	incipal Office Address, If Applicable	Applicable 4. Date Incorporated or Qualified To Do Business in Florida						
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc. City & State		5. FEI Number Applied For Not Applicable			
City & Sta	ie –	City & State						
Zip Country		Zip	Count	ry	CERTIFICATE OF STATUS DESIRED \$8.75 Auditional Fee re		ional Fee required ificate of Status	
7. Names	and Street Addresses of Each Offic	er and/or Director (Flo	orida nonprofit corpor	ations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Eac Officer and/or Director			City / State / Zip		
D	YATES, VICTOR F		3774 PIRATES WAY			YULEE FL 32097		
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				·		and the second second		
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
YATES, VICTOR F 3774 PIRATES WAY				Name Street Address (P.O. Box Number is Not Acceptable)				
				City			State Zip Co	ode
10. I. bein	g appointed the registered agent of	the above named corp	oration, am familiar v	with and accept the	obligations of Sect			

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 as if made under oath.

SIGNATURE:

Signature of Registered Agen

REGISTERED AGENT MUST SIGN

October 29, 2003

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

> Re: DEEP WATER PIRATES, INC. Doc. # P02000049496

Dear Sir or Madam:

This is to respectfully request that the corporation named <u>DEEP WATER PIRATES, INC</u>, be reinstated to an Active status. Enclosed is a check in the amount of \$150.00 as requested by your department.

I am a first year corporation operator and have no knowledge of the two prior Uniform Business Report (UBR) notices you state I should have received. This is the first notice I have received and therefore wish to comply as required.

Please notify me if this is acceptable or if further action on my part is needed. I have also enclosed a check in the amount of \$8.75 for a Certification of Status. I appreciate your assistance in this matter.

Respectfully,

Victor F. Yates, CEO

Deep Water Pirates, Inc.

VY/my