

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

DOCUMENT # P02000060705

1. Corporation Name

Dock Side Restaurant and Marina, Inc.

B 9/21/08 08 SEP 12 PM 12:44
REINSTATEMENT 06-08
500135601935
09/09/08--01024--007 **\$900.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
308 North 12th Street

3. Mailing Office Address
308 North 12th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Flagler Beach, Florida

City & State
Flagler Beach, Florida

4. Date Incorporated or Qualified
To Do Business in Florida **05/31/2002**

5. FEI Number
010705596

Applied For
Not Applicable

Zip
32136

Country
U.S.A.

Zip
32136

Country
U.S.A.

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Odum, Dale R.

Street Address (P.O. Box Number is Not Acceptable)
308 North 12th Street

Suite, Apt. #, Etc.

City
Flagler Beach, Florida

State
FL

Zip Code
32136

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Dale R. Odum

REGISTERED AGENT MUST SIGN

Date **September 8, 2008**

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
PS	Odum, Dale R.	308 North 12th Street	Flagler Beach, FL 32136
TD	Odum, Dale R.	308 North 12th Street	Flagler Beach, FL 32136

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:

Dale R. Odum **DALE R. ODUM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 8, 2008 386-569-6975

Date

Daytime Phone #