PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 21 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02-0000 66818

1. Corporation Name

CARDOSO'S BOAT REPAIR, INC.

400036999454
05/21/04--01084--005 **900.00

2. Principal Office Address	**3.** Mailing Office Address
1501 N. 22ND ST.	1501 N. 22ND ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
TAMPA FL	TAMPA FL

Zip	Country	Zip	Country
33605	USA	33605	USA

4. Date Incorporated or Qualified
To Do Business in Florida   **6/17/02**

5. FEI Number	Applied For
01-0742960	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

REINSTATEMENT

Name
JOE CARDOSO

Street Address (P.O. Box Number is Not Acceptable)
4009 GOMEZ AVE

Suite, Apt. #, Etc.

City	State	Zip Code
TAMPA	FL	33607

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 _____   Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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/D	JOE CARDOSO	1501 N. 22ND ST.	TAMPA FL 33605

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: _____   5/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
JOE   CARDOSO