

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 SEP 27 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # p02000108767

1. Corporation Name

**Boatrefinishers.com inc**

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

1024 Big Torch Street -- Riviera beach FL

City & State

1024 Big Torch Street -- Riviera Beach FL

Zip

33407

Country

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Zip

33407

Country

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4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
161637300

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  
**Anthony James**

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

1024 Bib Torch St

Suite, Apt. #, Etc.

City  
**Riviera Beach FL**

State  
**FL**

Zip Code  
**33407**

☒ 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

Date **09-24-2007**

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
president	Anthony James	1024 Big Torch St	Riviera Beach FL 33407
Co-owner secretary	Chesla James	1024 Big Torch St	Riviera Beach FL 33407

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-24-2007

Date

954-415-2471

Daytime Phone #