

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P.02000109048

1. Corporation Name

MARINE SERVICES Unlimited,
South

REINSTATEMENT 03

200023964382
10/21/03--01037--014 **150.00

2. Principal Office Address

5 SEAGATE Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 3055
Suite, Apt. #, etc.

City & State

Key Largo, FL

Zip 33037 Country USA

City & State

Key Largo, FL

Zip 33037 Country USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/8/02

5. FEI Number

550802921

Applied For

☒ **REINSTATEMENT**

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DIAMOND BARRY

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

9728 W SAMPLE Rd

Suite, Apt. #, Etc.

City

Coral Springs

State
FL

Zip Code

33065

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

[Signature]

Date

10/14/03

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 |
|--------|--------------------------------------|---------------------------------------------------|---------------------|
| PTD | VAUGHN PATRICK | 5 SEAGATE Blvd | Key Largo, FL 33037 |
| SVD | KUHR, JAMES | 5 SEAGATE Blvd | Key Largo, FL 33037 |
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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

PATRICK D. VAUGHN (305)
10/14/03 453-1308

Date

Daytime Phone #

MARINE SERVICES UNLIMITED SOUTH, INC
5 SEAGATE BOULEVARD
KEY LARGO, FL 33037

OCTOBER 14, 2003

TO WHOM IT MAY CONCERN,

PLEASE BE ADVISED THAT UNTIL TODAY WE HAD NO IDEA WHAT HAD HAPPENED WITH THE STATE OF FLORIDA CONCERNING OUR CORPORATION. THE ONLY REASON WE NOW KNOW ABOUT THE DISSOLUTION IS BECAUSE WE ARE TRYING TO SIGN A LEASE WITH THE MARINA AND THEY FOUND THIS INFORMATION OUT WHILE DOING A SEARCH. WE HAVE NOT RECEIVED ANY OF THE MAILING YOU HAD SENT OUT. WE DID MOVE IN JANUARY OF 2003 AND CALLED TO NOTIFY OF ADDRESS CHANGE, WAS NOT AWARE THAT IT HAD TO BE IN WRITING.

THANKING YOU IN ADVANCE FOR YOUR assistance AND UNDERSTANDING IN THIS MATTER.

SINCERELY,

A handwritten signature in black ink, appearing to read "Patrick D. Vaughn", with a long horizontal flourish extending to the right.

PATRICK D. VAUGHN,
PRESIDENT