

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 10 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P-02600127558

1. Corporation Name

Boathouse Real Property, Inc.

2. Principal Office Address

1700 BROADWAY

Suite, Apt. #, etc.

3. Mailing Office Address

1700 BROADWAY

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

City & State

Riviera Beach, FL

Zip

33404

Country

USA

Zip

33404

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

12/2/02

5. FEI Number

01-0758649

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 CERRITO

300023710833

10/10/03--01053--021 **751.75

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

1700 BROADWAY

Suite, Apt. #, Etc.

City

Riviera Beach, FL

State

FL

Zip Code

33404

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

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	ANTHONY CERRITO	1700 BROADWAY, RIVIERA BEACH, FL	33404
SECRETARY	ZOUHEIR YASSINE	1700 BROADWAY	RIVIERA BEACH, FL 33404

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

Anthony Cerrito

Date

10/6/03

Daytime Phone #

561-863-5150

CR2E081 (10/02)

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