

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 13 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000051754

1. Corporation Name

FREDERICK GANSZ MARINE CANVAS, INC

REINSTATEMENT 08-10

300175475603

04/13/10--01007--009 **150.00

11-10-09 01003 012 \$300.00

2. Principal Office Address - No P.O. Box #
1624 W TERRACE DR

3. Mailing Office Address
1624 W TERRACE DR

Suite, Apt. #, etc.

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

Zip Country
33460 USA

Zip Country
33460 USA

4. Date Incorporated or Qualified
To Do Business in Florida 05/12/2003

5. FEI Number
27-0057518

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
FREDERICK GANSZ

Street Address (P.O. Box Number is Not Acceptable)
1624 W TERRACE DR

Suite, Apt. #, Etc.

City State Zip Code
LAKE WORTH FL 33460

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 *F. Gansz* Date 4/7/10
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	FREDERICK GANSZ	1624 W TERRACE DR	LAKE WORTH, FL 33460

4/13

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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. I further certify, 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: *F. Gansz* FREDERICK GANSZ Date 4/7/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #