

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000070449

**Entity Name:** JET SKI MEDIC, INC.

**FILED**  
**Mar 07, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

6764 NE 4TH AVENUE  
MIAMI, FL 33138

**New Principal Place of Business:**

6764 NE 4TH AVENUE  
MIAMI, FL 33138 UN

**Current Mailing Address:**

6764 NE 4TH AVENUE  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 20-0066044      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILLIAMS, WAYNE A  
6764 NE 4TH AVENUE  
MIAMI, FL 33138 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WAYNE WILLIAMS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WILLIAMS, WAYNE A  
Address: 2330 NW 91ST STREET  
City-St-Zip: MIAMI, FL 33147

Title: STD  
Name: WILLIAMS, TERRY R  
Address: 2330 NW 91ST STREET  
City-St-Zip: MIAMI, FL 33147

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WAYNE WILLIAMS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CEO

03/07/2013

\_\_\_\_\_  
Date