

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -1 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000100048

1. Corporation Name

TEMPEST MARINE, INC.

400155068644
05/01/09--01019--019 **300.00

CR2E081 (12/07)

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

1126 S. Federal Hwy

Suite, Apt. #, etc.

119

City & State

Fort Lauderdale, Florida

Zip

33316

Country

3. Mailing Office Address

1126 S. Federal Hwy

Suite, Apt. #, etc.

119

City & State

Fort Lauderdale, Florida

Zip

33316

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/2003

5. FEI Number

☐ 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

JOHN TEMPEST

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

1126 S. Federal Hwy

Suite, Apt. #, Etc.

119

City

Fort Lauderdale

State

FL

Zip Code

33316



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

BY: *John Tempest*

JOHN TEMPEST

Date *5/1/09*

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
PD	Tempest, John	1126 S. Federal Hwy, 119	Fort Lauderdale, Florida 33316

REINSTATEMENT

RH

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:

John Tempest

John Tempest, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/09

Date

Daytime Phone #