

2004 FOR PROFIT CORPORATION REINSTATEMENT

102

DOCUMENT # P03000101686

1. Entity Name
SISTERS MARINE, INC.



FILED

05 APR 22 PM 1:20

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
**4706 61ST AVE. TERRACE WEST
BRADENTON, FL 34210**

Mailing Address
**4706 61ST AVE. TERRACE WEST
BRADENTON, FL 34210**

2. Principal Place of Business
WILLIAMS ISLAND MARINA
Suite, Apt. #, etc.
7100 ISLAND BLVD
City & State
AVENURA FL
Zip
33160 Country
USA

3. Mailing Address
WILLIAMS ISLAND MARINA
Suite, Apt. #, etc.
7100 ISLAND BLVD
City & State
AVENURA FL
Zip
33160 Country
USA



4. FEI Number
54-2128411

5. Certificate of Status Desired ☐ Applied For ☐ Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**NOLANDER, WAYNE
4706 61ST AVE. TERRACE WEST
BRADENTON, FL 34210**

7. Name and Address of New Registered Agent
Name
NOLANDER, WAYNE
Street Address (P.O. Box Number is Not Acceptable)
WILLIAMS ISLAND MARINA
7100 ISLAND BLVD
City
AVENURA FL Zip Code
33160

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE DATE **4/10/05**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLANDER, WAYNE 4706 61ST AVE. TERRACE WEST BRADENTON, FL 34210 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOLANDER WAYNE ☒ Change ☐ Addition WILLIAMS ISLAND MARINA 7100 ISLAND BLVD AVENURA FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900055199489 ☐ Change ☐ Addition 05/24/05--01074--004 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/10/05** Daytime Phone #

2 of 2

**SISTERS MARINE, INC.
WILLIAMS ISLAND MARINA
7100 ISLAND BLVD.
AVENTURA, FL 33160
954-600-2274**

April 10, 2005
November 18, 2004

Secretary of State
Division of Corporations
Annual Reports Filings
409 East Gaines St
Tallahassee, FL 32399

RE: Sisters Marine 54-2128411

To Whom It May Concern:

Please find our check for \$300

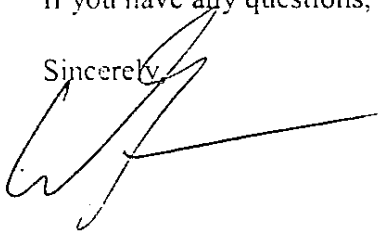
Please note that we did not receive the Uniform Business Report.

We moved our location to the above address and our mail did not get forwarded.

Please accept this payment and form now and please abate all penalties and interest.

If you have any questions, please do not hesitate to contact me

Sincerely,

A handwritten signature in black ink, appearing to be a stylized 'J' or 'K' followed by a long horizontal stroke.