


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000077219		
1. Entity Name CORTEZ BOAT RENTALS, INC.		

Principal Place of Business 4328 127TH ST W CORTEZ, FL	Mailing Address 4328 127TH ST W CORTEZ, FL
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent FELDMAN, MARC H 3908 26TH ST W BRADENTON, FL 34205		7. Name and Address of New Registered Agent Name John Cadmus Street Address (P.O. Box Number is Not Acceptable) 4328 127th St. W City Cortez FL Zip Code 34215	
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.

SIGNATURE:  6/15/07 941-746-6225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

07 JUN 22 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05012007 REIN-P CR2E098 (1/07)

4. FEI Number
20-3379896 Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

REINSTATEMENT