

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000121204

**FILED**  
**Jul 03, 2013**  
**Secretary of State**

**Entity Name:** STORM PORT BOAT WORKS, INC.

**Current Principal Place of Business:**

3888 KINGS AVE.  
HOMOSASSA, FL 34448

**New Principal Place of Business:**

**Current Mailing Address:**

6860 S HOLLY OAK PT  
HOMOSASSA, FL 34448

**New Mailing Address:**

**FEI Number:** 14-2011595

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AUTUMN JOHNSTON CPA, PA  
852 US HIGHWAY 41 SOUTH  
INVERNESS, FL 34450 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:** JOSEPH E FINN

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** FINN, JOSEPH E  
**Address:** 6860 S HOLLY OAK PT.  
**City-St-Zip:** HOMOSASSA, FL 34448

**Title:** VP  
**Name:** FINN, DEBORAH S  
**Address:** 6860 S HOLLY OAK PT  
**City-St-Zip:** HOMOSASSA, FL 34448

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:** JOSEPH E FINN

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

PRES

07/03/2013

\_\_\_\_\_  
Date