

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 JAN 26 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000010685**

1. Corporation Name **O'SHEAS POWER BOAT RENTALS, INC.**

Principal Place of Business **1081 BALD EAGLE DRIVE  
MARCO ISLAND, Fla 33937**  
Mailing Address **4160 West 16th Avenue # 302  
Hialeah, Florida 33012**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
		<b>4160 W. 16th Ave # 302</b>		<b>12/10/92</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
		<b>Suite # 302</b>		<b>65-0376563</b>	
City & State		City & State		Applied For	
		<b>Hialeah, Florida</b>		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
		<b>33012</b>	<b>Miami-Dade</b>		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MICHAEL GONZALEZ	1081 Bald Eagle Drive Marco Island, Fla 33937	Marco Island, Fla 33937
VPTSD	MARICELA C. LOPEZ	9750 S.W. 4 Street	Miami, Florida 33174
			200002415292--6 -01/28/98--01108--013 ****750.00 ****750.00
<b>REINSTATEMENT 97-98</b>			
			200002415292--6 -01/28/98--01108--013 ****158.75 ****158.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>BOCK, Inge 990 Cape Marco, Merida # 608 Marco Island, Florida 33937</b>		Name <b>MICHAEL GONZALEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>1081 Bald Eagle Drive</b> Suite, Apt. #, Etc. City <b>Marc O Island</b> State <b>FL</b> Zip Code <b>33937</b>	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent Date **December 1st, 1997**  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: **Michael Gonzalez, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **Dec. 01/1997** (941) 642-7881  
Daytime Phone #

CR2E040 (12/96)