

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P93000004533

1. Corporation Name

Pirate's Landing Marina Inc.

Principal Place of Business

Mailing Address

County Rd. 376

PO Box 1341
Carrabelle, FL 32322

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Carrabelle FL

Zip Country

32322 Franklin

Zip Country

REINSTATEMENT

94-98
20

4. Date Incorporated or Qualified To Do Business in Florida

Jan. 20 1993

5. FEI Number

59-3166111

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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
P	Timothy C Saunders Sr.	County Rd 376 Carrabelle FL 32322	Carrabelle FL 32322
V Pres	Timothy C Saunders Jr.	County Rd. 376	Carrabelle FL 32322
ST	Christina Saunders	County Rd. 376	Carrabelle FL 32322

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***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

Christina Saunders
PO Box 1341 County Rd 376
Carrabelle, FL 32322

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Christina Saunders

REGISTERED AGENT MUST SIGN

Date 4-28-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Christina Saunders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christina Saunders Sec/Treas

4-28-98
Date

(850) 697-2778
Daytime Phone #

CH2E040 (1/98)