PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000000073 65

Corporate Name: INTER-BAY MOORINGS, INC.

FILED
98 DEC 29 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 6210 Ohio Ave NE
Gibsonton, FL 33534

Mailing Address: Same

REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: Jan 25, 1993

5. FEI Number: 59-3169445 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Usual Mailing Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres. Sec & Treas & Dir	Frederick G. Rahn	313 Hendricks Isle	Ft. Lauderdale, FL 33301
Dir	Charles F. Mixon, Jr.	1101 E. Jackson Street	Tampa, FL 33501

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****908.75 ****908.75

8. Name and Address of Current Registered Agent

Stephen N. Stanford
6340 70th Ave No
Pinellas Park, FL 34665

9. Name and Address of New Registered Agent

Name: Charles F. Mixon Jr. Esquire
Street Address (P.O. Box Number is Not Acceptable): 1101 E. Jackson Street
Suite, Apt. #, Etc.
City: Tampa | State: FL | Zip Code: 33601

CR2E081 (12/98)

10. I hereby certify that I am 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: Charles F Mixon Jr. Date

REGISTERED AGENT MUST SIGN

11. This corporation owes 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: Charles F Mixon Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles F. Mixon Jr.

Date | Daytime Phone #