

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
FILED

98 OCT -1 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P930000038172

1. Corporation Name LAKE SEMINOLE MARINE INC.

Principal Place of Business

9151 PARK BLVD
SEMINOLE FL.
33777

Mailing Address

P.O. Box 8953
MADEIRA BEACH, FL.
33738

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

2. New Principal Office Address, If Applicable

9151 PARK BLVD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 8953
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

5/24/93

5. FEI Number

59-3187959

Applied For
Not Applicable

City & State

SEMINOLE, FL.
Zip 33777 Country

City & State

MADEIRA BEACH FL.
Zip 33738 Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	BRIAN FORD	555 1/2 150 AV.	MADEIRA BEACH, FL. 33708

800002658688-5
-10/08/98--01013--009
****900.00 ****900.00

10-2-98

8. Name and Address of Current Registered Agent

BRIAN FORD 555 1/2 150 AV.
MADEIRA BEACH, FL.
33708

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/21/98

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN FORD

9/21/98
Date

727-399-8429
Daytime Phone #

CR2040 (1-98)