

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 10 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000055858

1. Corporation Name

MARINESPORTS OF FT. MYERS, INC.

Principal Place of Business

Mailing Address

16115 SAN CARLOS BLVD  
FT MYERS FL 33908

16115 SAN CARLOS BLVD  
FT MYERS FL 33908

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

Zip

Country

Zip

Country

REINSTATEMENT 07



800025391638  
12/10/03--01060--009 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

08/09/1993

5. FEI Number

65-0437322

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	4 City / State / Zip
PT	ILER, MICHAEL R	16115 SAN CARLOS BLVD	FT MYERS FL 33908
VS	ILER, FRANCES K	16115 SAN CARLOS BLVD	FT MYERS FL 33908
D	LANGE-ILER, CYNITHA S.	1642 BRIARSON DRIVE	SAGINAW MI 48603

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MICHAEL R. ILER  
16115 SAN CARLOS BLVD  
FORT MYERS FL 33908

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12/03/03

11. 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.

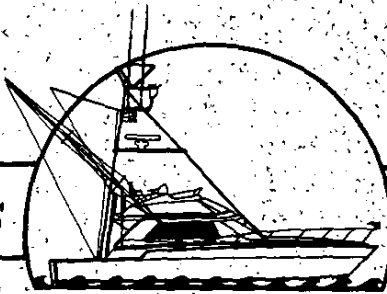
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* 12/03/03 639/454-5555  
Date Daytime Phone #

CR2E040 (7/03)

*Marine Sports*



*Fort Myers*

December 04, 2003

Florida Dept. Of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Gentlemen,

In reference to our corporation filing of the annual report due between January 1, and May 1, of this year we did not receive the original report form at our business address.

We did however receive the second notice in late September upon our return to our business, as we were closed and out of the state of Florida attending various boat show events. We normally close the months of July, August, & September and our mail is held for us at the Post Office for pick-up.

We have never failed to file our annual report in the time period allowed by your division of corporations.

We request reinstatement and waiver of the penalty for the 2003 annual report for our corporation Marine Sports Ft. Myers.

Any further question in reference to this matter maybe sent to our offices at the address shown below on the letterhead.

Sincerely,

  
Michael R. Hler

President