

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 # P93000067337

1. Corporation Name

KEY BISCAYNE BOAT RENTALS, INC.

Principal Place of Business

3301 RICKENBACKER CAUSEWAY  
KEY BISCAYNE FL 33149

Mailing Address

3301 RICKENBACKER CAUSEWAY  
KEY BISCAYNE FL 33149

If above addresses 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

09/22/1993

5. FEI Number

65-0450301

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	EMAD, HAQUEL	3301 RICKENBACKER CAUSEWAY	KEY BISCAYNE FL 33149
D	Hellman, Maynard J.	1100 Ponce de Leon Blvd.	Coral Gables, FL 33134
D	Piedra, Aurelio	780 N.W. Le Jeune Rd.	Miami, FL 33126

200002622192-7  
-08/21/98-01078-003  
\*\*\*\*900.00 \*\*\*\*900.00

REINSTATEMENT

91-98 15  
8/20

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EMAD, HAQUEL  
3301 RICKENBACKER CAUSEWAY  
KEY BISCAYNE FL 33149

Name

Maynard J. Hellman

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

1100 Ponce De Leon Blvd.

Suite, Apt. #, Etc.

City

Coral Gables

State  
FL

Zip Code  
33134

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

REGISTERED AGENT MUST SIGN

Date

8/19/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maynard J. Hellman

8/19/98

Date

(305) 448-8282

Daytime Phone #

CR2E040 (7/96)