

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 OCT -9 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000069473**

1. Corporation Name

WHATEVER FLOATS YOUR BOAT, INC.

2. Principal Office Address

12951 SE Sunset Harbor Road

3. Mailing Office Address

12951 SE Sunset Harbor Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weirsdale, Florida

City & State

Weirsdale, Florida

Zip

32195

Country

USA

Zip

32195

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

October 6, 1993

5. FEI Number

59-3227692

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Michael Rou

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

12951 SE Sunset Harbor Road

10000827864

-10/08/02--01012--002

Suite, Apt. #, Etc.

\*\*\*\*900.00 \*\*\*\*900.00

City

Weirsdale

State  
FL

Zip Code

32195

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Michael A. Rou*

REGISTERED AGENT MUST SIGN

Date

10/8/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Michael Rou	12951 SE Sunset Harbor Road	Weirsdale, Florida 32195

10. 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:

*Michael A. Rou*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/02

Daytime Phone #

**REINSTATEMENT**

2001-2002

CR2E081 (9/01)