

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P930000085258**

1. Corporation Name

HALF-A-BOAT, INC.

Principal Place of Business

308 E. Lancaster Ave.  
Wynnewood, PA 19096

Mailing Address

308 E. Lancaster Ave.  
Wynnewood, PA 19096

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

2. New Principal Office Address, If Applicable  
N/A

3. New Mailing Office Address, If Applicable  
N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

December 8, 1993

5. FEI Number

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 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Director	J. Eustace Wolfington	308 E. Lancaster Ave.	Wynnewood, PA 19096

8. Name and Address of Current Registered Agent

J. Eustace Wolfington  
5101 North A-1-A, #105  
Vero Beach, FL 32963

9. Name and Address of New Registered Agent

Name

N/A

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

REGISTERED AGENT MUST SIGN

Date 10/7/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Eustace Wolfington

10/7/99

Date

(610) 896-9202

Daytime Phone #

CR2001 (12/96)



ACCOUNT NO. : 072100000032

REFERENCE : 403814 4319660

AUTHORIZATION :

COST LIMIT : \$ 1508.75

*Patricia P.*

ORDER DATE : October 7, 1999

ORDER TIME : 11:45 AM

ORDER NO. : 403814-005

700003010397--5

CUSTOMER NO: 4319660

CUSTOMER: Cara L. Levy, Esq  
Fox Rothschild O'Brien &  
2000 Market Street, 10th Floor

Philadelphia, PA 191033291

DOMESTIC FILINGS

NAME: HALF-A-BOAT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS

RECEIVED  
59 OCT -8 PM 2:08  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA