

APPLICATION FOR REINSTATEMENT



FILED

97 FEB 14 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000040738**

NATURE COAST MARINA, INC.

Mailing Address

4417 CALIENTAST
SPRING HILL FL 34607

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/31/1994

5. FEI Number **54-3334664**
APPLIED FOR

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	NORMAN, GERALD G	4417 CALIENTAST	SPRING HILL FL 34607
			400002090564--8 -02/18/97--01056--006 ****915.00 ****915.00
			JB 2-17-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

Name Gerald G Norman
Street Address (P.O. Box Number is Not Acceptable)
4417 Collier St.
Suite, Apt. #, Etc. 288
City Spring Hill State FL Zip Code 346

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 02/0/97

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

Da

Daytime Phone # _____