

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

**FILED**  
**Apr 12, 2002 8:00 A.**  
**Secretary of State**

DOCUMENT # P94000041311(9)

**1. Corporation Name**

Quay Assisi Boat Corporation

**2. Principal Office Address**

4 OCEANS W. Blvd.

Suite, Apt. #, etc.

802 C

City & State

Daytona Beach, FL

Zip

32118

Country

USA

**3. Mailing Office Address**

4 OCEANS W. Blvd

Suite, Apt. #, etc.

# 802 C

City & State

Daytona Beach, FL

Zip

32118

Country

USA

**REINSTATEMENT** 01-02

**4. Date Incorporated or Qualified  
To Do Business in Florida**

05/31/1994

**5. FEI Number**

59-3244261

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

TERBORG, EARNESTINE

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

4 OCEANS W. Blvd.

Suite, Apt. #, Etc.

802 C

City

Daytona Beach,

State

FL

Zip Code

32118

100005326251-4

-04/23/02--01045--004

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

**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

Earneistine Terborg Pres.

REGISTERED AGENT MUST SIGN

Date 4-4-02

**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
P	EARNESTINE TERBORG	4 OCEANS W. Blvd. #802C	Daytona Beach, FL 32118
V-P	VICKI-TEAL	131 N. CHERRY ST.	STARKE FL. 32091
ST	LESLIE K. PATRICK	4 OCEANS W. Blvd. 108C-	Daytona, Beach, FL. 32118

**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

Earneistine Terborg Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
EARNESTINE TERBORG PRES.

4-4-02

Date

Daytime Phone #

386-756-9683

CR2E081 (9/01)