

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN -9 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087793**

1. Corporation Name

stuart marine, inc

300084660853

01/17/07--01008--013 **1667.50

2. Principal Office Address

112 fort florida rd.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

debary

City & State

Zip
32713

Country
usa

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **1994**

5. FEI Number
59-3329493

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
Jeffrey S Dill

Street Address (P.O. Box Number is Not Acceptable)
112 fort florida rd.

Suite, Apt. #, Etc.

City
debary

State
FL

Zip Code
32713

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

Date **12-21-06**

REGISTERED AGENT MUST SIGN

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
pres	Jeffrey S Dill	112 fort florida rd.	debary, fl 32713
vp	Jeffrey S. Dill	112 fort florida rd.	debary, fl 32713
Sec	Jeffrey S. Dill	112 fort florida rd.	debary, fl 32713
treas	Jeffrey S. Dill	112 fort florida rd.	debary, fl 32713

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 contained in Chapter 119, 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

12-21-06

Date

Daytime Phone #

K. Eckel JAN 10 2007