PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -9 AM 9:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000001290

1. Corporation Name

THE ST. AUGUSTINE RIVERBOAT COMPANY, INC.

Principal Place of Business	Mailing Address
~~1111 AVENIDA MENENDEZ ROOM 6~~	~~1111 AVENIDA MENENDEZ ROOM 6~~
ST AUGUSTINE FL 32084	ST AUGUSTINE FL 32084

REINSTATEMENT 9600

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
18 CORDOVA ST.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST AUGUSTINE FL	City & State
Zip: 32084 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/04/1995

5. FEI Number: 59-3292842 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	DENNIS F DEAN	18 Cordova St	St Augustine FL 32084
S/T	JEANNETTE M. DEAN	18 CORDOVA ST	ST AUGUSTINE FL 32084
			000002024580--9 -12/10/96--01072--018 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

BOLES, JOSEPH L JR
120 CHARLOTTE ST
ST AUGUSTINE FL 32084

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (7/96)

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 ~~SIGNATURE REQUIRED~~ Date 10-10-96
REGISTERED AGENT MUST SIGN

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: DENNIS F DEAN 10-8-96 904 8243463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103739 FP