PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

01 JUN -1 PM 12: 44

APPLICATION "FOR REINSTATÉMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

1. Corporation Name

P95000003633

WATERSPORTS OF ST. AUGUSTINE INC.

		·			
Principal Place of Business	Mailing Address				
250 VILANO RD	250 VILANO RD				
ST AUGUSTINE FL 32095	ST AUGUSTINE FL 32095			· · · · · · · · · · · · · · · · · · ·	
If above addresses are incorrect in any way,	line through incorrect information and enter	correction below	ISTATEME	NT 99-01	
2. New Principal Office Address, If Applicable 3. New Mailing Office Address 240 Vilano Roo 240 Vilano Roo		Applicable 4. Date Inco	rporated or Qualified .	OLUBURAS SP	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Numb	,	01/13/1995	
City & State St. Augustine Fl	City & State	J. TEI Numb	59-3289423	Applied For Not Applicable	
32095 Country 116A	St. Augustine FI Zip Count 32095 US	CERTIFICA	TE OF STATUS DESIRÉD 🔼	C.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Office		<u>/ L</u>	-	Total Certificate of Status	
Title(s) Name of Office and/or Direct	cers Str	reet Address of Each fficer and/or Director	City / S	State / Zip	
D MONSON, JON P II	1093-A1A-BEA(CH BLVD #369~	ST-AUGUSTINE FL: 32	2084_	
Pres. Loni Lynn M	onson 121 Onchis		St. Augustine	2F132086	
V.P. Jon Philip Mor	150n II 121 Orc	his Rd,	St. Augusti	ne F1 32086	
		,,,,,,	· · · · · · · · · · · · · · · · · · ·	·	
			2000044353629 -06/21/0101068004 ***1058.75 ***1058.75		
8. Name and Address of Current Registered Agent		9. Name and	9. Name and Address of New Registered Agent		
MONOON, TON DIE		Loni Monson			
1093 ATA BEACH BLVD		Street Address (P.O. Box Numbe	r is Not Acceptable)	CR2E040 (8/99)	
ST AUGUSTINE FL 32084		City	Stat	te Zip Code	
10. I, being appointed the edistered agent of	the above named corporation, am familiar w	ith and accept the obligations of Sec	tion 607.0505, F.S.	- 32086	
Signature of Registered Agent JOSUSX	PIONO REQUERED AGENT MUST SIGN	JIRED	Date _5-20-0		
I certify that I am an officer or director or the this reinstatement application, the reason for owed by the corporation have been paid an overlain the corporation have been paid and the	e receiver or trustee empowered to execute or dissolution has been eliminated, the corporal the names of individuals listed on this for	vate name satisfies the requirement	c of cartion 607 0404 or 617 (MAN ES that all food	

5-20-011