

APPLICATION
FOR
REINSTATEMENT



Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

PYRAMID MARINE AND DOCK, INC

Principal Place of Business

Mailing Address

4300 KINGS HIGHWAY
SUITE 204 B-9
PORT CHARLOTTE, FL 33954

P.O. Box 42
MARCO ISLAND, FL
34446

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

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

69-3322125

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 |
|------------|-------------------------------------|--|------------------------|
| - | | | |
| PRES | ALAN MICHAEL | 20013 SANCRAFT AVE | PT. CHARLOTTE FL 33952 |
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HEIDI WILLIAMS
4300 KINGS HIGHWAY
SUITE 204 B-9
PORT CHARLOTTE, FL 32954

Name _____

ALAN MICHAEL

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

20013 SANGRAFT AVE

Suite, Apt. #, Etc.

City

PT. CHARLOTTE

State

Zip Code

FL

33957

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 7-26-44

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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

ALAN MICHAEL

7-26-90

877
SSB-0674
Daytime Phone #

CR2E081 (12/98)