

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *96*
REINSTATEMENT



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

APPROVED
AND
FILED

96 NOV 12 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000059693**

1. Corporation Name

DOCKS, DECKS & SEAWALLS, INC.

Principal Place of Business

110 CYPRESS CLUB DR.
#105
POMPANO BEACH FL 33060

Mailing Address

110 CYPRESS CLUB DR.
#105
POMPANO BEACH FL 33060

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

2. New Principal Office Address, If Applicable

180 Cypress Club Drive

Suite, Apt. #, etc.

#830

City & State

Pompano Beach FL.

Zip

33060

Country

3. New Mailing Office Address, If Applicable

180 Cypress Club Drive

Suite, Apt. #, etc.

#830

City & State

Pompano Beach FL.

Zip

33060

Country

4. Date Incorporated or Qualified
To Do Business in Florida

200002008782--9

-11/19/96--01162--003

*****375.00 ****375.00*

08/02/1995

5. FEI Number

65-0597912

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
<i>D</i>	<i>RUZZANO, THOMAS</i>	<i>110 CYPRESS CLUB DR. #105</i>	<i>POMPANO BEACH FL 33060</i>
<i>D</i> President	<i>RUZZANO, Thomas</i>	<i>180 Cypress Club Dr. #830 Pompano Beach FL 33060</i>	<i>Pompano Beach FL 33060</i>
<i>Vice-</i> President	<i>Pepera, Scott</i>	<i>7809 Panama Street</i>	<i>Miramar, FL 33023</i>

REINSTATEMENT

1996
A. Alan
11-12-96

8. Name and Address of Current Registered Agent

KUJER, JEFFREY P
9825 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name
Thomas Ruzzano
Street Address (P.O. Box Number is Not Acceptable)
180 Cypress Club Dr. #830
Suite, Apt. #, etc.
830
City
Pompano
State
FL
Zip Code
33060

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]
REGISTERED AGENT MUST SIGN

Date *11/2/96*

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:

Thomas Ruzzano (Director)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/96
Date

954-684-1128
Daytime Phone #

CR2340 (7/95)