

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # PA5-79062

1. Corporation Name

Riverwalk Marina Inc.

Principal Place of Business

2016 Laurel St.  
Tallahassee, FL  
32303

Mailing Address

2016 Laurel St.  
Tallahassee, FL  
32303

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 97

4. Date Incorporated or Qualified To Do Business in Florida

10/16/95

5. FEI Number

59-3351134

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
<u>POD</u>	<u>Wilfred T King III</u>	<u>2016 Laurel St.</u> <u>Tallahassee, FL</u>	<u>Tallahassee, FL 32303</u>
<u>STD</u>	<u>David E Herd</u>	<u>93 Walker Creek dr.</u>	<u>Shell Point Beach FL 32327</u>

700002327857--8  
-10/23/97--01050--015  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

Wilfred T King III  
2016 Laurel St.  
Tallahassee FL 32303

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

WTK III

REGISTERED AGENT MUST SIGN

Date 10/21/97

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:

WTK III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/97

Date

850 566 5020

Daytime Phone #

CR2040 (12/96)