

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 # P95000096836

1. Corporation Name

ISLAND RUNNER BOATS & MARINE, INC.

Principal Place of Business

**130 EDWARDS LANE
PALM BEACH SHORES FL 33404**

Mailing Address

**130 EDWARDS LANE
PALM BEACH SHORES FL 33404**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1995

5. FEI Number

65-0632393

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
PD	WORCESTER, DUSTY	130 EDWARDS LANE	PALM BEACH SHORES FL 33404
VPD	EDWARDS, WALTER C	1900 OKEECHOBEE BLVD.	WEST PALM BEACH FL 33409
TD	WORCESTER, HENRY E III	130 EDWARDS LANE	PALM BEACH SHORES FL 33404
SD	WORCESTER, ROSEMARY H	130 EDWARDS LANE	PALM BEACH SHORES FL 33404
REINSTATEMENT '97			
SCC 11-12-97			

8. Name and Address of Current Registered Agent

**WORCESTER, DUSTY
130 EDWARDS LANE
PALM BEACH SHORES FL 33404**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200002350312--9

-11/18/97-01042-006

******750.00 ****750.00**

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

Dusty Worcester

REGISTERED AGENT MUST SIGN

Date

11/5/97

11. This corporation owes or has paid 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:

Dusty Worcester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/97
Date

(Sci) 863-9981
Daytime Phone #

CR20040 (8/97)