

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

**FILED**

98 DEC -8 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000052549 (8)

1. Corporation Name

Backwater Marine, INC.

Principal Place of Business

Mailing Address

375 Walker Road  
New Smyrna Beach, FL  
32168

375 Walker Road  
New Smyrna Beach, FL  
32168

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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/18/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3380508

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	John Huff	51 Cunningham Drive	New Smyrna Bch, FL 32168
V/T	Tom Henry	203 Castile Street	New Smyrna Bch, FL 32169
S/D	Jay Wilson	375 Walker Road	New Smyrna Bch, FL 32168

REINSTATEMENT

98-13 12/10/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

John Huff  
51 Cunningham Drive  
New Smyrna Beach, FL 32168

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*John Huff*

REGISTERED AGENT MUST SIGN

Date 12/06/1998

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY WILSON

12/06/1998 904-426-7976  
Date Daytime Phone #

CR2000 (1998)