

FILED
May 18, 2005 8:00 am
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COI

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000081851**

1. Corporation Name

DOCK AND DECK SERVICES, INC.

2. Principal Office Address

805 SW 17 ST

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip **33315**

Country **USA**

3. Mailing Office Address

805 SW 17 ST

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip **33315**

Country **USA**

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-3-96

5. FEI Number

650715411

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NEIL HUTCHINSON

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

805 SW 17 ST

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33315

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	NEIL HUTCHINSON	805 SW 17 ST	FT. LAUD, FL 33315
D	JOHN HUTCHINSON	805 SW 17 ST	FT. LAUD, FL 33315

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05/18/05 01058 012 ***450.00

10. 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

[Signature] **5-12-05 954-647-7228**

Date

Daytime Phone #

CR2E081 (01/05)