

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 20 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #. P96000082233

1. Corporation Name

MARINE REALTY, INC.

Principal Place of Business

Mailing Address

120 E. OAKLAND PARK BLVD.
SUITE 105
FT. LAUDERDALE FL 33334

1300 SE 2ND STREET
FT. LAUDERDALE FL 33301



REINSTATEMENT 2000

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

10/03/1996

Suite, Apt. #, etc.
120 E Oakland Park Blvd
Ste 105
City & State
Ft Lauderdale, FL

Suite, Apt. #, etc.
120 E Oakland PK Blvd
Ste. 105
City & State
Ft Lauderdale, FL

5. FEI Number

65-0701360

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
ST	DENISON, ANN	1300 SE 2ND STREET 6397-2 Bay Club Drive	FORT LAUDERDALE FL 33301 33308
P	DENISON, CHRISTOPHER W	1300 SE 2ND STREET	FORT LAUDERDALE FL 33301 33308
			400003455834--2 -11707700-01103-006 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DENISON, CHRISTOPHER W
1300 S.E. 2ND STREET 6397-2 Bay Club Drive
FT. LAUDERDALE FL 33301 Ft Lauderdale, FL 33308

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

Christopher W. Denison
REGISTERED AGENT MUST SIGN

Date 10/18/02

CR2E040 (8/00)

11. 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

Christopher W. Denison
Christopher W. Denison

Date

Daytime Phone #

10/18/02 (954) 463-8988
(954) 232-5655

LS