PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
FINSTATEMEN



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT#	P96000096998

1. Corporation Name

MAINSAIL MARINA INC.

Principal Place of Business Mailing Address

2825 PALM BEACH BLVD. FT. MYERS FL 33916

2825 PALM BEACH BLVD.

FT. MYERS FL 33916

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

New Principal Office Address, If Applicable			3. New Mailing	New Mailing Office Address, If Applicable		
Suite, Apt. #, etc.	7		2Suite, Apt. #, e	tc	-	
City & State			City & State			
Zip	Country		Žip	Country		

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SECRETARY OF STATE TALLAHASSEE FLORIDA

	REINSTATEMENT	HU	
	Date Incorporated or Qualified To Do Business in Florida 12/02/	1996	
j	5. FEI Number	Applied For	
	65-0716841	Not Applicable	
_		ditional Fee required	

for a Certificate of Status

7. Names a	and Street Addresses of Each Officer and/or Director (Flo	rida nonprofit corporations must list at least 3 directors)		
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director City / State / Zip	City / State / Zip	
D	RANDALL, RICHARD M SALZANO, MICHAEL	4260 SE 20 PLACE CAPE WAR CAPE WAR , & 33404		
∂°D'	SHOVLIN, GEORGE	1786 ISLAND DRIVE FL 33404 YOUNGSTOWN OH 44514		
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RANDALL, RICHARD M 2825 PALM BEACH BLVD. FT. MYERS FL 33916

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAZZAND MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2825 PARM BEACH

Suite, Apt. #, Etc. NIA

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ered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the

Signature of Registered Agent

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₹E. REQUIRED REGISTERED AGENT MUST SIGN

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 filling 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.

- AMATURE:

SHOVLIN

Daytime Phone #

33901