

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR  
REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000004719

1. Corporation Name

MARINE TAXIDERMY OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

323 MINNESOTA STREET  
LANTANA FL 33462

323 MINNESOTA STREET  
LANTANA FL 33462

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

01/13/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0720442

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	DENNY, JOHN ALLEN	323 MINNESOTA STREET	LANTANA FL 33462
D	DENNY, CATHY	323 MINNESOTA STREET	LANTANA FL 33462
			400002778304--8 -02/17/99--01066--017 ****150.00 ****150.00
			400002778304--8 -02/17/99--01066--018 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DENNY, JOHN ALLEN  
323 MINNESOTA STREET  
LANTANA FL 33462

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 A. Denny

REGISTERED AGENT MUST SIGN

Date 1-27-99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See only 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:

John A. Denny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-27-99

Daytime Phone #

CR2E040 (9/98)

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Division of Corporations

2-11-99

This is our first year of Business, We put our faith in and relied on our accountant to take care of these matters, we didn't receive the notices. Our new accountant caught that it had not been paid. We had paid 15,000<sup>00</sup> for this name. We can not afford the reinstatement fee. Please accept our 150<sup>00</sup> for 1998 and 150<sup>00</sup> for 1999

Thank You  
John A Denny