

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 25 PM 2:12

DOCUMENT # P97000012886

1. Corporation Name

DOCKSIDE SERVICES OF TAMPA BAY INC.

100213189841
10/25/11--01032--001 **150.75

2. Principal Office Address - No P.O. Box #

10402 E. GOBBLER DR.

Suite, Apt. #, etc.

3. Mailing Office Address

10402 E. GOBBLER DR.

Suite, Apt. #, etc.

City & State

FLORAL CITY FL

City & State

FLORAL CITY FL.

Zip

34436

Country

CITRUS

Zip

34436

Country

CITRUS

REINSTATEMENT 10-11

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1-20-97

5. FEI Number

59-3420155

☐ 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

DONALD G. LISKEY

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

10402 E. GOBBLER DR.

Suite, Apt. #, Etc.

City

FLORAL CITY

State

FL

Zip Code

34436

100213189841
10/11/11--01002--005 **750.00

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

Donald G. Liskey

REGISTERED AGENT MUST SIGN

Date 10-6-11

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
PRES.	DONALD G. LISKEY	10402 E. GOBBLER DR.	FLORAL CITY FL. 34436

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2010/2016

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Donald G. Liskey

DONALD G. LISKEY

PRES.

10-6-11

352 422 4079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #