

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 DEC 30 AM 10:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000025672**

1. Corporation Name

**BOAT-SIDE-SERVICES, INC.**

Principal Place of Business

3001 W. STATE RD 84  
 FORT LAUDERDALE FL 33312

Mailing Address

3001 W. STATE RD 84  
 FORT LAUDERDALE FL 33312

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

2. New Principal Office Address, If Applicable

~~Suite 319 757 SE 17TH ST~~  
~~FORT LAUDERDALE FL 33316~~

3. New Mailing Office Address, If Applicable

~~Suite 319 757 SE 17TH ST~~  
~~FORT LAUDERDALE FL 33316~~

4. Date Incorporated or Qualified To Do Business in Florida

03/17/1997

5. FEI Number

65-0736738

Applied For

Not Applicable

City & State

City & State

~~Fort Lauderdale FL~~

Zip

33316

Country

~~USA~~

Zip

33316

Country

~~USA~~

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	4 City / State / Zip
VP	WICKMAN, BOB	3001 W STATE RD 84	FORT LAUDERDALE FL 33312
VP	GUDJARNOTTIR, SIGNY	3710 NE 28TH AVE 2311 N.E. 48TH ST	LIGHTHOUSE PT FL 33064
P	LEFFLER, CHARLES E	3710 NE 28TH AVE 2311 N.E. 48TH ST	LIGHTHOUSE FL 33064

500009202935  
 11/25/02--01063--014 \*\*150.00  
 500009202935  
 12/30/02--01077--023 \*\*1200.00

8. Name and Address of Current Registered Agent

LEFFLER, CHARLES E  
 3001 W STATE RD 84  
 FORT LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name  
 757 SE 17TH ST  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 319  
 City  
 FORT LAUDERDALE FL  
 State  
 FL  
 Zip Code  
 33316

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. or 617.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11/18/02

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/02

Date

954-899-6189  
 Daytime Phone #

CP2E040 (8/02)