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FLORIDA DEPARTMENT OF STATE
 2001 VER
 Governor
 Secretary of State
 DIVISION OF CORPORATIONS

01 DEC 24 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

IMM BOAT LIFTS, INC.

Principal Place of Business	Mailing Address
3949 Evans Ave. #205 Fort Myers, FL 33901	3949 Evans Ave. #205 Fort Myers, FL 33901
5940 YOUNGQUIST RD FT MYERS FL 33912	5940 YOUNGQUIST RD FT MYERS FL 33912
US	US



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

2. New Principal Office Address, If Applicable
3949 Evans Av. #205

Suite, Apt. #, etc.
#205

City & State
Fort Myers, FL. 33901

Zip	33901	Country	USA
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3. New Mailing Office Address, If Applicable
3949 Evans Av. #205

Suite, Apt. #, etc. #2

City & State
Fort Myers, FL 33901

Zip	Country
33901	USA

4. Date Incorporated or Qualified To Do Business in Florida

04/28/1997

5. FEI Number

59-3445077

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BECKER, GEORGE O	11581 HOME AVENUE	FORT MYERS BEACH FL 33931
			500004765375--8 -01/10/02--01073--020 ****150.00 ****150.00
			1/LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~LAMB, JEFFREY R - -~~
~~9915 TAMiami TRAIL NORTH #2~~
~~NAPLES FL 34108~~

Name
GEORGE O. BECKER
Street Address (P.O. Box Number is Not Acceptable)
3949 Evans Av. #205
Suite, Apt. #, Etc.
#205
City
Fort Myers

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

REGISTERED AGENT MUST SIGN

Date 12/18/01

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

Date _____

Daytime Phone #

CPSC 8101

2012

CARL GRECO
Accountant
3949 EVANS AVENUE, #205
FORT MYERS, FL. 33901
941- 275-7766
FAX 275-9150

December 18, 2001

TO: Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

REF: 2001 Annual Renewal Form
P97000038201

Dear Ladies and Gentlemen:

My client, IMM Boat Lifts, Inc. has requested that I make the following address changes to the enclosed application for reinstatement. He did not receive your original mailing. It went to the wrong address.

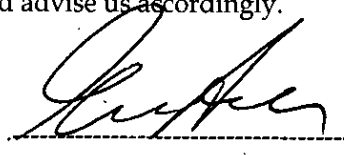
I have instructed my client that if he changes his mailing address again, he is to notify you of the mailing address change.

We are requesting that you accept his enclosed check for \$ 150 as the penalty and interest being charged to his corporation will put a large financial burden on it.

Please process his enclosed check and form and advise us accordingly.



CARL J. GRECO



GEORGE BECKER