

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV -4 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000045197

1. Corporation Name

AMERACRAFT BUILDERS, INC.

Principal Place of Business

950 N COLLIER AVE  
STE 419  
MARCO ISLAND FL 34145  
US

Mailing Address

950 N COLLIER BLVD  
STE 419  
MARCO ISLAND FL 34145  
US

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

2. New Principal Office Address, If Applicable

942 N Collier Blvd

3. New Mailing Office Address, If Applicable

942 N Collier Blvd

City & State

Marco Island FL

Zip 34145 Country

City & State

Marco Island, FL

Zip 34145 Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/21/1997

5. FEI Number

59-3480669

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75. A fee of \$9.75 is 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	BOFF, JOSEPH D	8401 INDIAN WELLS WAY	NAPLES FL 34113
VP	HOLLINGER, ANTON	8083 PANTHER TRAIL UNIT 1502	NAPLES FL 34113
<del>T</del>	<del>GLERSON, ROBERT</del>	<del>5000 S CEDAR BLVD</del>	<del>NAPLES FL 34110</del>
S	MCKAY, REBECCA	2680 AIRPORT RD S	NAPLES FL 34112
			888883846446-9
			-11/16/99--01103--001
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURKE, CONSTANCE M  
2680 AIRPORT ROAD SOUTH  
NAPLES FL 34112

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

REGISTERED AGENT MUST SIGN

Date

11/1/99

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 #

11/1/99 (941-394-9107)

KE