

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

99 JAN 22 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000050055

1. Corporation Name

COMET MARINE CORP.

Principal Place of Business

Mailing Address

3673 ARNOLD AVENUE
NAPLES FL 34104

3573 ARNOLD AVENUE
NAPLES FL 34104



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

05/29/1997

5. FEI Number

593458863

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
9/p/	SKILLMAN, DEAN	216 WEST WAYNE STREET	MAUMEE OH 43537
D	CHIMERS, GARY	1065 WALNUT STREET	PERRYSBURG OH 43557
D/H	SEMER, JERRY L	2050 RIVER REACH DRIVE #109 1491 CHESAPEAKE AVE	NAPLES FL 34104 34102
D/H	MAGLOTHIN, RONALD A	142 #2 PALM DRIVE	NAPLES FL 34102
REINSTATEMENT 08-99 B 1/25/99			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRICE, R S
2640 GOLDEN GATE PARKWAY
SUITE 315
NAPLES FL 34105

Name

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

Suite, Apt. #, Etc.

City

600002763656-0

02/03/99-01067-008

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FL

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

1/16/99

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

Yes ☒ No ☐

(See other 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry Semer Jerry SEMER

Date

Daytime Phone #

1/5/99 732 9207

941