

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 10:01

SECRET
FLORIDA DEPARTMENT OF STATE

DOCUMENT # P97000050784

1. Corporation Name

INTERNATIONAL BOAT-SIDE-SERVICES, INC.

Principal Place of Business

Mailing Address

3001 W. STATE RD 84
FT. LAUDERDALE FL 33312
US

3001 W. STATE RD 84
FT. LAUDERDALE FL 33312
US

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

3. New Mailing Office Address, If Applicable

SUITE 319

Suite, Apt. #, etc.

757 SE 17TH ST

Suite, Apt. #, etc.

757 SE 17TH ST

City & State

PORT LAUDERDALE FL

City & State

PORT LAUDERDALE FL

Zip

33316

Country

USA

Zip

33316

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1997

5. FEI Number

65-0765517

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	GUDIO-SDAFLIR, SIGNY GUDJONSDOTTIR, SIGNY	3710 N.E. 28TH AVE 2311 NE 48TH ST.	LIGHTHOUSE POINT FL 33064
P	LEFFLER, C E	3710 N.E. 28TH AVENUE 2311 NE 48TH ST.	LIGHTHOUSE POINT FL 33064
V	WICKMAN, ROBERT	3001 W. STATE RD 84	FT LAUDERDALE FL 33312
			300009202953 12/30/02--01077--029 **1200.00
			300009202953 11/25/02--01063--015 **150.00

8. Name and Address of Current Registered Agent

LEFFLER, CHARLES
3001 W. STATE RD 84
FT. LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name

C.E. LEFFLER

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

SUITE 319

Suite, Apt. #, Etc.

757 SE 17TH ST

City

PORT LAUDERDALE

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

Date

Daytime Phone #

11 18 02 954-579-6189

CR2E040 (8/02)