

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 FEB 18 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P47000056353

**1. Corporation Name**

Robert P. Mura Boat Sales

**2. Principal Office Address**

1750 University Drive

**3. Mailing Office Address**

1750 University Drive

Suite, Apt. #, etc.

Suite 218

Suite, Apt. #, etc.

Suite 218

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33071

Country

USA

Zip

33071

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida October 16, 1989

**5. FEI Number**

65-0204144

Applied For -

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Bruce Chait

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

1750 University Drive

Suite, Apt. #, Etc.

Suite 218

City

Coral Springs

State

FL

Zip Code

33071

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*

Date 2/14/02

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Bruce Chait -	-1750 University Drive	Coral Springs FL 33071

**10. 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)(l), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02  
Date

954 344 3776  
Daytime Phone #

CR2E081 (9/01)

2ed 2

**ROBERT P. MURA BOAT SALES**  
**1750 UNIVERSITY DRIVE, SUITE 218**  
**CORAL SPRINGS, FL 33071**  
**(954) 344-3776**

February 14, 2002

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Division of Corporations  
Post Office Box 6327  
Tallahassee FL 32314

Re: 65-0204144

To Whom It May Concern:

As per my telephone conversation with an agent from your office, please find enclosed our completed reinstatement form. As discussed, we did not receive our yearly Uniform Business Report.

I am also enclosing our check in the amount of \$308.75 for the filing fee as well as the certificate of good standing.

Should you have any questions, or need to contact us for any reason, please feel free to telephone our office at (954) 344-3776. Thank you for your time.

Sincerely,



Bruce Chait  
President

Enc.