

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000069020

1. Corporation Name

CEDAR BAY SHIP STORE, INC.

Principal Place of Business

Mailing Address

705 E ELKCAM CIR  
MARCO ISLAND FL 34145  
US

1106 N COLLIER BLVD  
STE 104  
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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ANTARAMIAN, JACK J	865 5TH AVE S STE 201	NAPLES FL 34102

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHEFFY, LOUIS W  
821 5TH AVE., S., STE. 201  
NAPLES FL 34102

Name JACK J. ANTARAMIAN  
Street Address (P.O. Box Numbers Not Acceptable)  
365 5TH AVE. SOUTH  
Suite, Apt. #, Etc. 201  
City NAPLES  
State FL Zip Code 34102

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 12/10/01

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 #

12/10/01 941-434-0600

FILED

01 DEC 20 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 01 1178

300004746523--9  
-01/02/02--01024--012  
\*\*\*\*750.00 \*\*\*\*750.00

CR2040 (8/01)