

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

FLORIDA SECRETARY OF STATE



DIVISION OF CORPORATIONS

FILED

99 JAN 11 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000087340

1. Corporation Name

SHALLOW DRAFT BOAT WORKS, INC.

Principal Place of Business

Mailing Address

18178 PETUSKEY CIR.
PT. CHARLOTTE FL

P.O. BOX 122
ARCADIA FL 34266

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

10/09/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

29420 Bermont Rd
City & State Punta Gorda, FL

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City & State Punta Gorda, FL

5. FEI Number 59-3482435

Applied For

Not Applicable

Zip 33982 Country Charlotte

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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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WOLFSON, STEPHEN W	P.O. BOX 122 18178 Petoskey Cir	ARCADIA FL 34266 Port Charlotte, FL 33948
D	STEPHENS, CHRIS	P.O. BOX 122	ARCADIA FL 34266
			108002742641-3 -01/14/99-01120-001 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOLFSON, STEPHEN W
18178 PETUSKEY CIR.
PT. CHARLOTTE FL

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Stephen W. Wolfson

REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/7/99

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

Stephen W. Wolfson

Date

1/7/99

Daytime Phone #

CR2E040 (9/98)

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SHALLOW DRAFT BOAT WORKS, INC.
29420 BELMONT ROAD
PINTA GOLDA, FLORIDA 33982
941 627-2998 OR 941 505-2511
FAX: 941 505-2422

December 15, 1998

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

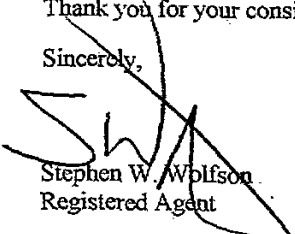
To Whom It May Concern:

This is the first notice that we have received due to an incorrect mailing address. I spoke with a representative from your office today and he instructed us to send a letter stating that we had not received any notices an explanation. He also said to include a check for \$150.00 for a one time only reinstatement fee.

Enclosed you will find a corrected reinstatement application and a check for \$150.00.

Thank you for your consideration in this matter.

Sincerely,


Stephen W. Wolfson
Registered Agent

SW/sb
Enclosures (2)