

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 21 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 998000021112

1. Corporation Name

Slip Away II, Inc.

2. Principal Office Address

3601 SE Ocean Boulevard

Suite, Apt. #, etc.

Suite 204

City & State

Stuart, Florida

Zip

34996

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

03/06/98

5. FEI Number

65-0981402

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

Robert M. Calder

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

3601 SE Ocean Boulevard

Suite, Apt. #, Etc.

Suite 204

City

Stuart

State

FL

Zip Code

34996

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

Robert M. Calder

REGISTERED AGENT MUST SIGN

Date

Feb 16 2000

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
P/T	Robert M. Calder	3601 SE Ocean Blvd., Ste. 204	Stuart, Florida 34996
VP/S	Carol A. Calder	3601 SE Ocean Blvd., Ste. 204	Stuart, Florida 34996

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)(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:

Robert M. Calder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Calder

Date

Feb 16 2000

Daytime Phone #

561-223 0115