PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION** **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS**

P98000050282 DOCUMENT

1. Corporation Name

FIRST COAST BOAT MART, INC.

Principal	Place	ot	Bus	ıness

Mailing Address

Signature of Registered Agent

FILED

OHFEB-5 PHIZ: 59

8200 BEACH BLVD 964 BAYSIDE JACKSONVILLE FL 32216 JACKSONVILL				LE FL 32259			REINSTATEMENT OF				
If above	addresses are incorrect in any way, line th	rough incorrect in	formation a	nd enter correction	below.	303000.		-			
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailir		ing Office Address, If Applicable			orated or Qualified ness in Florida						
Suite, Apt. #, etc. City & State City & State City & State		, etc.		5 FEI Numbe	r	00/0	Applie	d For			
		City & State	City & State			59-3520033 Not Applicab					
Zip	Country	Zip		Country		6. CERTIFICATE	E OF STATUS DESIRED		Additional Fe		
7. Names	and Street Addresses of Each Officer and	I/or Director (Flo	rida nonprof	it corporations mus	t list at lea	ıst 3 directors)	···				
Title(s)			Street Address of Each Officer and/or Director			City / State / Zip					
PTD	MACY, CHARLES F		SIDE BLUFF			JACKSONVILLE FI	32259	-			
VSD MACY, PHYLLIS J			964 BAYSIDE BLUFF				JACKSONVILLE FL 32259				
						50 02/05	002822 04010161	1802 102 *	≥'5 *300.00	-	
	·										
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent						
MACY, CHARLES F 964 BAYSIDE BLUFF JACKSONVILLE FL 32359			Name Street Ad		Address (F	⊃.O. Box Number	is Not Acceptable)	-	-	-	
			Ç, (,					
			Suite, Apt. #, Et		Apt. #, Etc						
		•		City				State FL	Zip Code		
10. I, bei	ng appointed the registered agent of the al			amiliar with and ac	cept the o	bligations of Sec	tion 607.0505, F.S. or 6	617.0505,			

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11. I certify that I am an officer or director or the receiver or trustee empowered to kecute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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

REGISTERED AGENT MUST S

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

FIRST COAST BOAT MART

8200 Beach Blvd. Jacksonville, Fl. 32216 Phone 904 805 9993 Fax 904 805 9993

February 2, 2004

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314

Glenda E. Hood,

First Coast Boat Mart Inc. did not receive a 2003 Uniform Business Report notice. We are enclosing a check for 2003 and 2004 in the amount of \$300.00.

Regards,

Charles F. Macy President