

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 NOV 29 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000078113

1. Corporation Name

MARINA GROCERIES, INC.

Principal Place of Business

Mailing Address

208 MONUMENT AVE  
PT ST JOE FL 32456

208 MONUMENT AVE  
PT ST JOE FL 32456



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

09/04/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2459087

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4. City / State / Zip
D	OTWELL, TERRY G	<del>607 BEACON RD</del> 710 Woodland Ave Port St Joe FL	PORT ST JOE FL 32456
<del>D</del>	<del>OTWELL, LORI R</del>	<del>607 BEACON RD</del>	<del>PORT ST JOE FL 32456</del>
			200003067192--7 -12/13/99--01006--008 ****158.75 ****158.75
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OTWELL, TERRY G  
208 MONUMENT AVE  
PT ST JOE FL 32456

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

*T. Otwell*

REGISTERED AGENT MUST SIGN

Date

11-4-99

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

*T. Otwell*

Date

11-4-99

Daytime Phone #

(850) 229-8818

CR2000 (8/99)

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DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
PO BOX 6327  
TALLAHASSEE, FL. 32314-6327

RE: ANNUAL REPORT

MARINA GROCERIES, INC.  
208 MONUMENT AVE.  
PORT ST JOE, FL. 32456

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED THE 1ST NOTICE. I WAS IN THE HOSPITAL AND ON BED WITH COLON PROBLEM MOST OF THE MONTH OF SEPTEMBER AND OCTOBER. I HAVE JUST RETURNED AND AM TRYING TO GET ALL MY OBLIGATIONS CAUGHT UP TO DATE.

PLEASE EXCEPT MY CHECK FOR \$125.00 AND WAVE ALL OTHER FEES IF POSSIBLE. IT IS REALLY A HARD SHIP WITH THE ECONOMY AND MY ILLNESS.

THANK YOU VERY MUCH AND LET ME KNOW YOUR RESPONSE.

YOURS



TERRY OTWELL  
PRES