

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000080872

1. Corporation Name

MARINA MILE SHIPYARD, INC.

Principal Place of Business

Mailing Address

1005 STATE ROAD 84, BOX 124
FORT LAUDERDALE FL 33315

1005 STATE ROAD 84, BOX 124
FORT LAUDERDALE FL 33315

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2105 SW 23rd Ave

Suite, Apt. #, etc.

City & State

Fort Laud. FL

Zip

33312

Country

USA

3. New Mailing Office Address, If Applicable

2105 SW 23rd Ave

Suite, Apt. #, etc.

City & State

Fort Laud. FL

Zip

33312

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/1998

5. FEI Number

65-0867101

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GODWIN, BRUCE	1005 STATE ROAD 84, BOX 124 5255 N Federal Hwy 3rd Floor	FORT LAUDERDALE FL 33315 Boca Raton FL 33487
S	GLIDDEN, JOYCE Godwin, Bruce	1005 STATE RD 84 BOX 124 5255 N Federal Hwy 3rd Floor	FT LAUDERDALE FL 33315 Boca Raton FL 33487
			3000004704283--0 -12/04/01--01056--016 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

GODWIN, BRUCE D
5255 N FEDERAL HWY
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

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 607.0505, F.S.

Signature of
Registered Agent

Bruce D. Godwin

Date

11/8/01

REGISTERED AGENT MUST SIGN

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:

Bruce D. Godwin BRUCE D. GODWIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/8/01 561-241-7301

Daytime Phone #

CR2E040 (8/01)