

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 17 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000093584**

**1. Corporation Name**

Captain Pip's, Inc.

1410 Overseas Highway  
1410 Overseas Highway

**2. Principal Office Address**

1410 Overseas Highway

Suite, Apt. #, etc.

City & State

Marathon, Florida

Zip

33050

Country

U.S.A.

**3. Mailing Office Address**

1410 Overseas Highway

Suite, Apt. #, etc.

City & State

Marathon, Florida

Zip

33050

Country

U.S.A.

**REINSTATEMENT 03-04**

5/3/04 91254 045 \*150.00  
MRD

**4. Date/Incorporated or Qualified  
To Do Business in Florida 11/04/1998**

**5. FEI Number  
650873688**

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 K. Miller

Street Address (P.O. Box Number is Not Acceptable)  
2975 Overseas Highway

Suite, Apt. #, Etc.

City

Marathon

State  
**FL**

Zip Code  
33050

**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

REGISTERED AGENT MUST SIGN

Date 06/14/2004

**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
DP	Barbara R. Maddox	1410 Overseas Highway	Marathon, Florida 33050
DVTS	John H. Maddox	1410 Overseas Highway	Marathon, Florida 33050

**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:**

Barbara Maddox, Barbara Maddox 06/14/2004

305-743-4403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)