

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine A. ...

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT -9 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000100015

1. Corporation Name

MS BOATS, INC.

2. Principal Office Address

1205 North Woodland Ave

Suite, Apt. #, etc.

City & State

DELAND FL

Zip

32724

Country

USA

~~USA~~

3. Mailing Office Address

255 SILVER BRANCH TR

Suite, Apt. #, etc.

City & State

DELAND, FL

Zip

32724

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12-1-98

5. FEI Number

59-3544872

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

MICHAEL SHIRLEY

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

255 SILVER BRANCH TR. LS

Suite, Apt. #, Etc.

City

DELAND

State

FL

Zip Code

32724

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

*Michael R. Shirley*  
REGISTERED AGENT MUST SIGN

Date 10-5-01

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
D	MICHAEL SHIRLEY	255 SILVER BRANCH TR	DELAND, FL 32724

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:

*Michael R. Shirley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-5-01

Date

386-985-2500

Daytime Phone #

CR20081 (9/00)

2052

October 5, 2001

MS Boats, Inc.  
255 Silver Branch Trail  
Deland, FL 32724  
386-985-2500


Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 322314

RE: Corporation Reinstatement – missed annual report  
FEIN 59-3544872  
Document # P98000100015

To Whom It May Concern:

I am writing you regarding the missing annual report for this corporation. The Post Office would not deliver to the previous mailing address, therefore the UBR was not received, and was returned. I have filled out a reinstatement form, and have included a check in the amount of \$450.00. I have changed the mailing address for the corporation so that this will not happen again. Thank you for your consideration in this matter.

Sincerely,



Michael Shirley  
Registered Agent