

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000101461

1. Corporation Name

BUDDY'S MARINA, INC.

Principal Place of Business

304 SR 26
MELROSE FL 32666

Mailing Address

304 SR 26
MELROSE FL 32666

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

2. New Principal Office Address, If Applicable
14539 BEACH BLVD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
14539 BEACH BLVD
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip 32250 Country USA

Zip 32250 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1998

5. FEI Number

59-3545153

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ALDERMAN, ROMULOUS	729 SEMINOLE RIDGE RD.	MELROSE FL 32666
M	EDGAR, JEREMY	7629 C NE 222ND ST	MELROSE FL 32666
AM	BLACK, ILANA	7629 A NE 222ND ST	MELROSE FL 32666

REINSTATEMENT 2002

8. Name and Address of Current Registered Agent

ALDERMAN, ROMULOUS
729 SEMINOLE RIDGE RD
MELROSE FL 32666

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/30/02

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

Date

10/30/02

Daytime Phone #

CR2E040 (8/02)