

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP 20 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000103389**

1. Corporation Name

Custom Docks By Seamaster, Inc.

2. Principal Office Address

3203 US Hwy 301 So.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Riverview, Florida

City & State

Zip

33569

Country

Zip

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

3/29/99

5. FEI Number

59-3568144

Applied For
Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee for
Form Certificate of Status

7. Name and Address of Current Registered Agent

Name

Frank J. Greco

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

1715 N. Westshore Blvd # 750

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33607

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **9-15-00**

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
President	John L. Vath Sr.	6344 Cottonwood Lane	Apollo Beach, Fl. 33572

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

John L. Vath Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/12/00 (813) 626-0888

Daytime Phone #