

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 FEB 22 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **999000006430**

1. Corporation Name

BAY WATERSPORTS UNLIMITED, INC

2. Principal Office Address

350 Greenwood Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

PCB, FL

City & State

Zip

32407

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/99

5. FEI Number

☒ 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 A. Malansky

400005097334-2

Street Address (P.O. Box Numbers Not Acceptable)

350 Greenwood Circle

03/12/02-01058-024

******458.75 ****458.75**

Suite, Apt. #, Etc.

City

PCB

State

FL

Zip Code

32407

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 A. Malansky
REGISTERED AGENT MUST SIGN

Date

2-22-02

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
Pres	Michael A. Malansky	350 Greenwood Circle	PCB, FL 32407

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 A. Malansky, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-22-02

Daytime Phone #

850 814 9483

CR2E081 (9/01)