


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

 **0200BA**

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

DOCUMENT # P99000016126

1. Corporation Name

AQUA RAT MARINE SERVICE, INC.

Principal Place of Business

310 14TH AVENUE SW
LARGO FL 33770

Mailing Address

310 14TH AVENUE SW
LARGO FL 33770

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

2. New Principal Office Address, If Applicable

8100 ULMERTON ROAD

Suite, Apt. #, etc.

#6D

City & State

LARGO, FL

Zip

33771

Country

USA

3. New Mailing Office Address, If Applicable

8100 ULMERTON ROAD

Suite, Apt. #, etc.

#6D

City & State

LARGO, FL

Zip

33771

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/1999

5. FEI Number

59-3558031

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	RATZ, JAMES R	310 14TH AVENUE SW	LARGO FL 33770

8. Name and Address of Current Registered Agent

RATZ, JAMES R
310 14TH AVENUE SW
LARGO FL 33770

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

10/30/02 787-539-0620
Daytime Phone #

CR2ED40 (8/02)

AQUARAT MARINE SERVICES, INC.
8100 ULMERTON ROAD #6D
LARGO, FL 33771
727-422-BOAT (CELLULAR)
727-539-0620 (OFFICE)



Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To whom it may concern:

This letter is to inform you that I did not receive the prior UBR notices for Aqua Rat Marine Service, Inc. Enclosed is my Application for Reinstatement and \$150.00 fee.

Sincerely,

A handwritten signature in black ink, appearing to read 'James R. Ratz'. The signature is stylized with a large, sweeping initial 'J' and a long horizontal line extending to the right.

James R. Ratz
Owner