

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000036383

1. Corporation Name

OUTBOARD MOTOR PARTS, INC.

Principal Place of Business

2707 AVE G NW
WINTER HAVEN FL 33881
US

Mailing Address

595 SIXTH STREET NW
WINTER HAVEN FL 33881
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/1999

5. FEI Number

65-0910564

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
D	GAY, WARREN G	595 SIXTH STREET	WINTER HAVEN FL 33881
D	BASTIN, DONALD E JR.	2938 AVE G, NW	WINTER HAVEN FL

900012869229
02/20/03--01043--006 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GAY, WARREN G
595 SIXTH STREET
WINTER HAVEN FL 33881

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

2-17-03

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

2-17-03

Daytime Phone #

863-
412-4719

CR2E040 (9/02)

Outboard Motor Parts, Inc
595 6th Street NW
Winter Haven FL 33881
863-412-4719 or 863-660-0509

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

February 17, 2003

To Whom It May Concern:

I am writing in receipt of a "Notice of Administrative Dissolution or Revocation" for the company listed above.

When I received the notice I called Michele at 850-245-6059 and explained to her that I had not received any notice prior to this. She advised me to write a letter to you asking that you waive any penalties or fees being that we didn't receive any other notice. As I understand it this was for our 2002 renewal and it would have been \$150 had it been paid. I further understand that the 2003 fees are due prior to May 1st 2003 and it is also \$150. A check for both 2002 and 2003's fees, totaling \$300.00 is enclosed. Also enclosed is the application for reinstatement for 2002.

I am asking that you reinstate us for 2002, waiving any penalties and accept the fee for 2003 as well. If there are other forms that must be completed, or if there are any problems, please contact me at 863-412-4719. Thank you for your help.

Sincerely,


Sheila Hurst