

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

AND  
FILED

00 DEC -8 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *PPA600050656*

1. Corporation Name

*WATSON BAYOU MARINA OF BAY  
County, Inc.*

2. Principal Office Address

*407 MAPLE AVE PO BOX 1909*

Suite, Apt. #, etc.

3. Mailing Office Address

*PO BOX 1909*

Suite, Apt. #, etc.

City & State

*Panama City, FL*

City & State

*Panama City, FL*

Zip

*32401*

Country

*USA*

Zip

*32402*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*June 04, 1999*

5. FEI Number

*59-3586529*

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. Malausky*

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

*2320 BEECH ST*

Suite, Apt. #, Etc.

City

*Panama City Beach*

State

*FL*

Zip Code

*32408*

**REINSTATEMENT**

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. Malausky*

REGISTERED AGENT MUST SIGN

Date *12-6-00*

*300003524063-6*

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
<i>President</i>	<i>Michael A. Malausky</i>	<i>2320 Beech St</i>	<i>PCB, FL 32408</i>
<i>Vice Pres</i>	<i>John Templin</i>	<i>301 Lison Place (Liddon)</i>	<i>Lynn Haven, FL 32444</i>

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. Malausky, President, Michael A. Malausky, Pres. 12-6-00 550-960-0321*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #