PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

Secretary of State ...
DIVISION OF CORPORATIONS

20050

DOCUMENT #~ **P9900050856**

1. Corporation Name

SUNSET MARINA BOAT RENTALS, INC.

Principal Place of Business

Mailing Address

5601 COLLEGE RD KEY WEST FL 33040

SIGNATURE:

5601 COLLEGE RD KEY WEST FL 33040 FILED 01 DEC 21 PH 3-17

SEGRETARY OF STATE TALLAHASSEE, FLORIDA



If above a	ddresses are	incorrect in any way, line th	nrough incorrect is	nformation a	nd enter c	orrection below.				
	Address, If Applicable	ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 06/04/1999					
Suite, Apt. #, etc. Suite, Apt. #,				etc.			5. FEi Number Applied For Not Applicable			
City & State City & State										
Zip Country Zip			Zip	Country			6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer and	d/or Director (Flo	rida nonprof	it corpora	tions must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
PSD	BELL, DOUGLAS			5601 COLLEGE RD				KEY WEST FL 33040		
VTD	ERICKSON, MARLYN			5601 COLLEGE RD				KEY WEST FL 33040		
							10	00047654016 -01/10/0201074010 ****750.00 ****750.00		
	12-									
į	<u>.</u>				REESTALESTAL OLIS					
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525						Street Address (PO) Box Number is Not Acceptable) Suite, Apt. #, Etc. City Key West State Zip Code FL 33040				
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.										
Signature of Registered Agent Date Date Date Date 10/22/01 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										
11. I certify this rein	that I am an enstatement ap	officer or director or the rec plication, the reason for dis	eiver or trustee e solution has beer	mpowered to n eliminated,	execute the corpo	tnis application as p rate name satisfies	provided for in cha the requirements	apter 607 or 617, F.S. I turther of section 607.0401 or 617.04	territy that when filing 401, 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.