

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 26 AM 8:00

DOCUMENT # PA9000078292

1. Corporation Name

FASTCAT MARINE, INC.

2. Principal Office Address

2830 SOUTH PARK ROAD

Suite, Apt. #, etc.

City & State

PEMBROKE PARK, FL.

Zip

33009

Country

US

3. Mailing Office Address

2830 SOUTH PARK ROAD

Suite, Apt. #, etc.

City & State

PEMBROKE PARK, FL.

Zip

33009

Country

US

**REINSTATEMENT** 00-04

500029447215

02/26/04--01016--004 \*\*1358.75

MRS

4. Date Incorporated or Qualified  
To Do Business in Florida

8/30/1999

5. FEI Number

65-0951744

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

STEPHEN MICHAEL CORRIHER

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

2800 NORTH 72 AVE.

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33024

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

Stephen M Corriher

REGISTERED AGENT MUST SIGN

Date

2/21/04

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
<u>PRESIDENT</u>	<u>JERRY KILPATRICK</u>	<u>3901 SOUTH OCEAN DRIVE</u>	<u>HOLLYWOOD, FL 33019</u>

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:

Jerry Kilpatrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04

Date

(954) 518-0501

Daytime Phone #

CR2E081 (10/02)