

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 27 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P99000091489
MARINA Mile Yacht Sales, Inc.
~~3000~~

2. Principal Office Address

3000 SR 84

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

City & State

FL

Zip

33312

Country

USA

Zip

33312

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-19-99

5. FEI Number

65-0954533

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

John T. Wickman

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

3000 SR 84

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33312

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

REGISTERED AGENT MUST SIGN

Date

2-21-02

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
Pres	John T. Wickman	6101 UMBRELLA TREE LN	TAMARAC FL 33319

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. Wickman Pres

Date

Daytime Phone #

2-21-02 954-316-2227

CR2E081 (9/01)



MARINA

MILE

2012
Yacht Sales

February 22, 2002

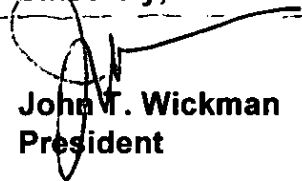
Department of State
Division of Corporations
P.O Box 6327
Tallahassee, Florida=32314

To whom it may concern:

I called the Dept of Corporations and was told that the state had desolved my corporation. I was informed the reason that the corporation was desolved was due to not submitting the UBR form. I never received any such form. I was instructed to send this form along with \$450.00 and this letter explaining that I never received the UBR form.

Please contact me concerning any other questions concerning this matter @ 954-328-4354.

Sincerely,


John V. Wickman
President