

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000100024

1. Corporation Name

MULTI-HULL SERVICES, INC.

Principal Place of Business

P. O. BOX 480154  
FT. LAUDERDALE FL 33346-0154

Mailing Address

P. O. BOX 480154  
FT. LAUDERDALE FL 33346-0154

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/1999

5. FEI Number

65-0962153

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
PD	REILLY, VICTORIA J	<del>811 NE 14 AVENUE #401</del> 2148 NE 180 Street	PORT LAUDERDALE FL 33304 N. Hia. Bch., FL 33162
DTS	REILLY, JAMES C	<del>811 NE 14 AVENUE #401</del> 2148 NE 180 Street	PORT LAUDERDALE FL 33304 N. Hia. Bch., FL 33162
			600004737816--S -12/25/01--01010--002 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REILLY, JAMES C

~~811 NE 14TH AVE., #401~~ 2148 NE 180 Street  
FT. LAUDERDALE FL N. Hia. Bch., FL  
33162

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 10/29/01

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VICTORIA REILLY 10/29/01 3059481123

FILED

01 DEC -6 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (8/01)