

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -4 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000108488

1. Corporation Name

Admiral Boatlifts Marine Construction, INC.

2. Principal Office Address

1120 SW 1st Street

Suite, Apt. #, etc.

3. Mailing Office Address

6886 NW 20th Ave

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33071

Country

Broward

City & State

FORT LAUDERDALE, FL

Zip

33309

Country

Broward

REINSTATEMENT-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/20/99

5. FEI Number

65-0967814

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

Gregory E. Valli

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

6886 NW 20th Ave

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33309

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

Gregory E. Valli

REGISTERED AGENT MUST SIGN

Date

10/31/03

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
P	Gregory E. Valli	6886 NW 20th Ave	Ft. Lauderdale, FL 33309
VP	Kara E. Valli	6886 NW 20th Ave	Ft. Lauderdale, FL 33309
S	Kara E. Valli	6886 NW 20th Ave	Ft. Lauderdale, FL 33309
T	Gregory E. Valli	6886 NW 20th Ave	Ft. Lauderdale, FL 33309

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:

Gregory E. Valli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/03

Daytime Phone #

954 968 4040

CR2001 (10/02)