

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 AUG 31 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **552780**

1. Corporation Name

WILLIS MARINA INC.

2. Principal Office Address

12780 State Rd 24

3. Mailing Office Address

P.O. Box 744

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cedar Key FL

City & State

Cedar Key FL

Zip

32625

Country

Zip

32625

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1991

5. FEI Number

59-3047376

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

MARIE L WILLIS

100004573331-7

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

89 S. ATLANTIC AVE

**09/06/01-01106-014
***1500.00 ***1500.00**

Suite, Apt. #, Etc.

APT 1503

LS

City

Ormond Beach

State
FL

Zip Code

32176

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

Marie L. Willis

Date **8-27-01**

REGISTERED AGENT MUST SIGN

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	Idus E. Willis	89 S. Atlantic Ave Apt 1503	Ormond Beach FL 32176
Secy	MARIE L. WILLIS	89 S. Atlantic Ave Apt 1503	Ormond Beach FL 32176
Treas	MARIE L. WILLIS	89 S. Atlantic Ave Apt 1503	Ormond Beach FL 32176

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: **MARIE L. WILLIS** **Marie L. Willis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-01 352-543-6148

Date

Daytime Phone #

CR2E081 (9/00)