

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S76271

1. Corporation Name

ACTION WATERCRAFT OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

16277 S TAMiami TR
UNIT B
FT MYERS FL 33908

16277 S TAMiami TR
UNIT B
FT MYERS FL 33908

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable
2061 N.W. 27 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI FL

Zip

Country

Zip
33142 Country
US

REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida

08/26/1991

5. FEI Number

65-0298268

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MOONEY, HOWARD	16277 S TAMiami TR #B 2061 NW 27 AV	FT MYERS FL MIAMI FL 33142
D	SARAZEN, GENE	16277 S TAMiami TR #B	FT MYERS FL

800002710248-4
-12/11/98-01068-010
******750.00 ****750.00**

12/9

8. Name and Address of Current Registered Agent

SARAZEN, GENE
16277 S. TAMiami TR.
UNIT B
FT MYERS FL 33908

9. Name and Address of New Registered Agent

Name **HOWARD MOONEY**
Street Address (P.O. Box Number is Not Acceptable)
2061 N.W. 27 AVE
Suite, Apt. #, Etc.
City **MIAMI** State **FL** Zip Code **33142**

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **12/4/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 REQUIRED
HOWARD MOONEY

12/4/98 (305) 634-5754
Date Daytime Phone #
OR (305) 794-0225

CR2E040 (8/98)