PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT#** 

1. Corporation Name

DICKSON'S MARINE, INCORPORATED

Principal Place of Business

Mailing Address

FILED

00 NOV -3 AM II: 34

SECRETARY OF STATE TALLAHASSEE. FLORIDA



MAITLAND FL 32751			1117 NORTH MAITLAND FL US				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
New Principal Office Address, If Applicable     3. New Mailing Office Address, If Applicable						Date Incorporated or Qualified     To Do Business in Florida	
Suite, Apt. #, etc. Suite, Apt.				it. #, etc.		5, FEI Number	
			City & State	/ & State		<b>59-3126211</b> Not Applicable	
Zip Country		Zip	Zip Country		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)  Name of Officers and/or Directors			S S	Street Address of Eac Officer and/or Directo			
D	DICKSON, RANDY			445 WILDMERE AVE		LONGWOOD FL	
						5000034808654 -11/30/0001023004 ****750.00 *****750.00	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent		
DICKSON, RANDY 445 WILDMERE AVE LONGWOOD FL 32750					Suite, Apt. #, Etc	State 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 REGISTERED AGENT MUST SIGN  Date							

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 filling 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: