

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 11:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V45873**

1. Corporation Name

SARASOTA MARINE PERFORMANCE, INC.

Principal Place of Business

Mailing Address

2828 S. TAMiami TRAIL
SARASOTA FL 34239
US

2828 S. TAMiami TRAIL
SARASOTA FL 34239
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1992

5. FEI Number

65-0396950

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	4 City / State / Zip
P	MCCOMB, WILLIAM E.	2828 S. TAMiami TRAIL	SARASOTA FL 34239

800023820858
10/15/03-01052-009 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FILSON, RICHARD A.
2727 SOUTH TAMiami TRAIL
SARASOTA FL 34239

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/3/03

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/3/03

Daytime Phone #

CR2E040 (7/03)

William E. Mc Comb
2828 Tamiami Trail
Sarasota, FL 34239
(941) 957-0200

10/9/03

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

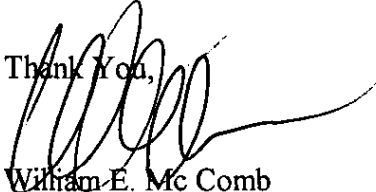
To Whom This May Concern:

RE: Uniform Business 2003 Report

Document# V45873 Sarasota Marine Performance

The Uniform Business Reports 2003 were not received at our 2828 Tamiami Location. There is a office connected to our building possibly it was delivered to the wrong address. If you check our prior history we have always sent these in on time. Attached is the report with a check for \$150.00. Please accept this with the normal timely filing due to us never receiving those original reports.

Thank You,



William E. Mc Comb
Owner
