

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 # **P93000039158**

1. Corporation Name

SEVEN MILE MARINA, INC.

Principal Place of Business

1090 OVERSEAS HIGHWAY
MARATHON FL 33050

Mailing Address

P.O. BOX 500967
MARATHON FL 33050

If above addresses are incorrect in any way, file 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

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
P	MITOLA, DAN I	1090 OVERSEAS HIGHWAY	MARATHON FL 33050

8. Name and Address of Current Registered Agent

MITOLA, DAN J
1090 OVERSEAS HIGHWAY
MARATHON FL 33050

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

Dan J Mitola

REGISTERED AGENT MUST SIGN

Date

Feb 12, 1995
12/20/94

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:

Dan J Mitola - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 12, 1995
December 7, 1994

305-289-9849

95 FEB 14 201 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *96-99*

4. Date Incorporated or Qualified To Do Business in Florida

05/27/1993

5. FEI Number

65-0411992

Applied For

Not Applicable

6. Requested Certificate of Status Desired

\$8.75 Additional Fee required for a Certificate of Status

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-02/19/98--01078--011
****908.75 ****908.75

CR2E04G (9/98)