

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 AUG 26 AM 11:39

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 028901

1. Corporation Name  
**SHARON CHADWICK VESSEL DOCUMENTATION, INC.**

REINSTATEMENT 93-98

Principal Place of Business Mailing Address **same**  
**2170 S. E. 17th. Street, Suite 301**  
**Ft. Lauderdale, Fla. 33316**

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

2. New Principal Office Address, If Applicable <b>n/a</b>		3. New Mailing Office Address, If Applicable <b>n/a</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>1979</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-1933444</b>	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PRES. / D	SHARON M. CHADWICK	5800 S.W.52 Ave.	Davie, Fla. 33314

200002627912-3  
 -08/28/98 01074-025  
 \*\*\*1508.75 \*\*\*1508.75  
 8-27-98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SHARON M. CHADWICK 5800 SW 52 Ave. Davie, Fla. 33314		Name <b>n/a</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State <b>FL</b> 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 Sharon M. Chadwick Date 19 August 1998  
 REGISTERED AGENT MUST SIGN

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)(j), 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: Sharon M. Chadwick, President Date 19 August 1998 Daytime Phone # 954/462-8971  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SHARON M. CHADWICK**

CR2040 (1/98)