

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

97 JAN -3 PM 1:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000093091**

1. Corporation Name

CJS MARINE MANAGEMENT CORP.

Principal Place of Business

Mailing Address

1500 CORDOVA ROAD, SUITE 202
 FT. LAUDERDALE FL 33316

1500 CORDOVA ROAD, SUITE 202
 FT. LAUDERDALE FL 33316



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

4. Date Incorporated or Qualified To Do Business in Florida

12/07/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-062 7712

Not Applicable

Zip

Country

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)

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	TOMASELLI, JOHN	1500 CORDOVA ROAD, SUITE 202	FT. LAUDERDALE FL 33316
p/t/d	STEBBINS, JAMES F.	1792 ROUTE 106	MUTTONTOWN, NY 11791
S/D	BRENNAN, LAWRENCE B.	176 CHRISTOL STREET	METUCHEN, NJ 08840
V/D	CYNTHIA STEBBINS	1792 ROUTE 106	MUTTONTOWN, NY 11791
av/at as/D	BERNADETTE SHEEHAN	58 GREENLAWN AVE.	SEACLIFF, NY 11579

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOMASELLI, JOHN
 1500 CORDOVA ROAD, SUITE 202
 FT. LAUDERDALE FL 33316

Name: *A. Alan*
 Street Address (P.O. Box Number is Not Acceptable):
 Suite, Apt. #, Etc.: *113/97*
 City: *700002051377-9*
 State: *01116-014*
 Zip Code: *01116-014*
 ***375 FL ***375.00

CPRE040 (7/96)

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

John J. Tomassoli
 THE REGISTERED AGENT MUST SIGN

Date January 2, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Lawrence B. Brennan
 LAWRENCE B. BRENNAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 2, 1997

Date

(212) 732-4646

Daytime Phone #