

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 27 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100009713321  
12/27/02--01026--013 \*\*2250.00



DOCUMENT # P97000095756

1. Corporation Name

JUPITER MARINE INTERNATIONAL, INC.

Principal Place of Business

3391 SE 14TH AVE  
FT LAUDERDALE FL 33316  
US

Mailing Address

P.O. BOX 350647  
FT LAUDERDALE FL 33335  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/07/1997

5. FEI Number

65-0794113

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	HERNDON, CARL M	P.O. BOX 350647	FT LAUDERDALE FL 33335
✓	TIERNEY, LARRY	P.O. BOX 350647	FT. LAUDERDALE FL 33335.

8. Name and Address of Current Registered Agent

~~SOUTH FLORIDA REGISTERED AGENTS, INC.~~ LARRY TIERNEY  
~~200 EAST LAS OLAS BLVD.~~ 3391 SE 14TH AVE  
~~SUITE 1900~~ FT. LAUDERDALE FL  
~~FORT LAUDERDALE FL 33301~~ 33316

9. Name and Address of New Registered Agent

Name

LARRY TIERNEY

Street Address (P.O. Box Number is Not Acceptable)

3391 SE 14TH AVE

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33316

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

REGISTERED AGENT MUST SIGN

Date 12/19/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/02 9845238785

Date

Daytime Phone #

CR2040 (8/02)