

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAR 24 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P06000002647**

**1. Corporation Name**

**A & E MARINE INC**

**2. Principal Office Address - No P.O. Box #**

**555 CHALLENGER AVE**

Suite, Apt. #, etc.

City & State

**PORT CANAVERAL FL.**

Zip

**32920-7807**

Country

**BREVARD**

**3. Mailing Office Address**

**635 BREVARD AVE**

Suite, Apt. #, etc.

City & State

**COCOA, FL**

Zip

**32922**

Country

**BREVARD**

**REINSTATEMENT 07-09**

CR2E081 (12/08)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**6/6/2006**

**5. FEI Number  
20-4049286**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**7. Name and Address of Current Registered Agent**

Name

**ARTHUR ARMELLINI**

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

**635 BREVARD AVE**

Suite, Apt. #, Etc.

City

**COCOA, FL**

State

**FL**

Zip Code

**32922**

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Date **3/23/2009**

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip       |
|--------|--------------------------------------|---------------------------------------------------|--------------------------|
| P      | ARTHUR ARMELLINI                     | 555 CHALLENGER AVE                                | PORT CANAVERAL FL. 32955 |
|        |                                      |                                                   |                          |
|        |                                      |                                                   |                          |
|        |                                      |                                                   |                          |
|        |                                      |                                                   |                          |
|        |                                      |                                                   |                          |
|        |                                      |                                                   |                          |

**10. 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 contained in Chapter 119, 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

3/23/09

Date

Daytime Phone #

321 863 2548

3/25/09