

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 #

244211

1. Corporation Name

DINGMAN MARINE, INC.

Principal Place of Business

Mailing Address

1301-S-Orlando-Ave-  
Winter-Park, FL---32789

1301-S-Orlando-Ave-  
Winter-Park, FL-32789

700003388747--4  
-09/12/00--01041--020  
\*\*\*2011.25 \*\*\*2011.25

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable  
4424 Edgewater Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32804

Country

USA

3. New Mailing Address, If Applicable  
4424 Edgewater Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32804

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/1961

5. FEI Number

590915351

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
as a Certificate of Status

FILED  
SER-7  
MAY 2 2011  
STATE  
TALLAHASSEE  
FLORIDA

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 (Do NOT Use Post Office Box Numbers) 3	City/State/Zip 4
P,D,S	EARL M. LEIFFER	4424 Edgewater Drive	Orlando, FL 32804

REINSTATEMENT 9-6-00  
cc

8. Name and Address of Current Registered Agent

WILLIAM E. DINGMAN  
1501 W. Webster Avenue  
Winter Park, FL 32789

9. Name and Address of New Registered Agent

Name  
W. THOMAS LOVETT, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
200 E. Robinson St., #500  
Suite, Apt. #, Etc.  
Orlando, FL 32801  
City  
Orlando, State  
FL Zip Code  
32801

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

*W. Thomas Lovett*

REGISTERED AGENT MUST SIGN

W. THOMAS LOVETT

Date 9-6-00

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

9-6-00

*Earl M. Leiffer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EARL M. LEIFFER

Date

Daytime Phone #

407-296-2040

CR2E040 (12/95)