

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAR 20 PH 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 375522

1. Corporation Name

Southcentral Marine Service, Inc.

2. Principal Office Address

1726 E. Church Street

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32202

Country

USA

3. Mailing Office Address

c/o 334 East Duval Street

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32202

Country

USA

REINSTATEMENT 2001-2002

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

1/13/71

5. FEI Number 59-1359097

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Arnold H. Slott

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

Slott & Barker

Suite, Apt. #, Etc.

334 East Duval Street

City

Jacksonville

State
FL

Zip Code
32202

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

REGISTERED AGENT MUST SIGN

Date **3/14/02**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D, P	J. Sherwood Slott	1726 E. Church St.	Jacksonville, FL 32202
D, V, S	Speros Hadjieseoglou	1726 E. Church St.	Jacksonville, FL 32202

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 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

Date

Daytime Phone #

SPEROS HADJIESEOGLOU 12 MAR 2002 904382792

CR2E081 (9/01)