

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 PM 7:04

DOCUMENT # 652608

1. Corporation Name

J.C.'S MARINE SERVICE, INC.

Principal Place of Business

801 NE 3RD STREET
DANIA FL 33004
US

Mailing Address

6231 SW 186TH WAY
FORT LAUDERDALE FL 33332

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

2. New Principal Office Address, If Applicable

2945 W. St. Rd. 84

Suite, Apt. #, etc.

Bay A-10

City & State

FT. Lauderdale FL

Zip

33312

Country

USA

3. New Mailing Office Address, If Applicable

2945 W. St. Rd. 84

Suite, Apt. #, etc.

Bay A-10

City & State

FT. Lauderdale FL

Zip

33312

Country

USA

REINSTATEMENT



7/5/01 90172 011 550.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1979

5. FEI Number

59-1966383

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
PD	TURNER, JEFFERY C	6231 SW 186TH WAY	FT LAUDERDALE, FL 00000
ST	TURNER, CARLA	6231 SW 186TH WAY	FT LAUDERDALE, FL 00000
VP	LAWLESS, JERRY C	10 MOUNTAIN W. 4020 E Lake Estate Dr.	WOLFEBORO NH 03894 DAVIE, FL 33328
P	Judith Lawless	4020 E. Lake Estate Dr	DAVIE, FL 33328
			300004655419--3 10/26/01-01071-011 ****200.00 ****200.00

8. Name and Address of Current Registered Agent

TURNER, JEFFERY C.
6231 SW 186TH WAY
FORT LAUDERDALE FL 33332

Jerry Lawless
4020 E Lake Estate Dr.
Davie FL 33328

9. Name and Address of New Registered Agent

Name

Jerry Lawless

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

4020 E Lake Estate Dr.

Suite, Apt. #, Etc.

City

Davie FL

State

FL

Zip Code

33328

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/12/01

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

Date

Daytime Phone #

10/12/01

954-796-0042

CR2ED40 (8/01)