PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 OCT 13 A 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300161661803
10/13/09--01064--004 **450.00

CR2E081 (12/08)

DOCUMENT # F01000002102

1. Corporation Name

AMERICAN OVERSEAS MARINE CORP.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
100 Newport Ave. Ext.		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
No. Quincy, MA			
Zip	Country	Zip	Country
02171	USA		

4. Date Incorporated or Qualified To Do Business in Florida 4/19/2001

5. FEI Number 431273477 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
C/O CT Corporation System

Suite, Apt. #, Etc.
1200 South Pine Island Road

City	State	Zip Code
Plantation	FL	33324

☒ 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.

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 Judith B. Argao Asst. Secretary & V. President Date 10/1/09

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached List		

REINSTATEMENT 07-09

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: Thomas W. Merrell Thomas W. Merrell 10/6/09 617-376-8405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Management Structure	
Entity Name	American Overseas Marine Corporation

Name	Title	Title Role	Address
Casey, John P.	Director	Director	48 Ice Pond Road, Westerly, Rhode Island
Fogg, David H.	Director	Director	10804 Glen Mist Lane Fairfax, VA
Heebner, David K.	Director	Director	
Savner, David Alan	Director	Director	1591 Spring Gate Dr. #3208 McLean, VA 22102
Leonard, John V. Jr.	Assistant Secretary	Officer	9 Elm Street Mystic, CT 06355
Littler, Peter R.	Assistant Secretary	Officer	11 Gorich Farm Road Ledyard, CT 06339
Merrell, Thomas W.	President	Officer	208 Causeway Street ,Medfield, MA 02052
Aslaksen, Julie P.	Secretary	Officer	6018 Washington Blvd Arlington, VA 22205
Savner, David Alan	Vice President & General Counsel	Officer	1591 Spring Gate Dr. #3208 McLean, VA 22102
Fogg, David H.	Vice President & Treasurer	Officer	10804 Glen Mist Lane Fairfax, VA
Nette, Christopher B.	Vice President - Marine Operations	Officer	1290 Tremont Street Duxbury, MA 02332

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