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**Florida Department of State**  
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To:

Division of Corporations  
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From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
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**FOREIGN PROFIT QUALIFICATION****NAPS SHIP REPAIR, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

**1. NAPS SHIP REPAIR, INC.**

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

**2. NEW YORK**

(State or country under the law of which it is incorporated)

**3. 13-4097553**

(FEI number, if applicable)

**4. JANUARY 10, 2000**

(Date of incorporation)

**5. PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6. UPON FILING**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and §17.155, F.S.)

**7. 1032 VICTORY BLVD., STATEN ISLAND, NY 10301**

(Principal office address)

1032 VICTORY BLVD., STATEN ISLAND, NY 10301

(Current mailing address)

**8. SHIP REPAIR, IRON WORKS**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: SHELLE ROBINSON

Office Address: 350 N.E. 172ND STREET

N. MIAMI BEACH

(City)

, Florida 33162

(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Shelle Robinson

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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New York, NY 10013

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## 12. Names and business addresses of officers and/or directors:

## A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## B. OFFICERS

President: SHELLE ROBINSONAddress: 350 N.E. 172ND STREETN. MIAMI BEACH, FL 33162

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_Secretary: NAPOLEAN ROBINSONAddress: 350 N.E. 172ND STREET, N. MIAMI BEACH, FL 33162

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SHELLE ROBINSON, PRESIDENT

(Typed or printed name and capacity of person signing application)

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**State of New York } ss:  
Department of State**

*I hereby certify, that the Certificate of Incorporation of NAPS SHIP REPAIR, INC. was filed on 01/10/2000, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation. I further certify the following:*

*A Biennial Statement was Filed 01/02/2002.*

*I further certify, that no other documents have been filed by such Corporation.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 14th day of November  
two thousand and two.*

*Secretary of State*

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