

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F05387

1. Corporation Name

MCINTOSH MARINE, INC.

Principal Place of Business

P.O. BOX 6404  
HALIBUT COVE AK 99603-6404

Mailing Address

P.O. BOX 6404  
HALIBUT COVE AK 99603-6404

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

2. New Principal Office Address, If Applicable

1615 E. CAMINO DEL RIO  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1615 E. CAMINO DEL RIO  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/13/1980

5. FEI Number

59-2054373

Applied For

Not Applicable

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

32963

Country

USA

Zip

32963

Country

USA

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	MCINTOSH, GREGORY S., JR	XXXXXX 1615 E. CAMINO DEL RIO	XXXXXXXXXXXXXXXXXX VERO BEACH, FL 32963
S	TAYKAN, ARIE	XXXXXX UNIVERSITY DR XXXX	TAMARAC FL 33321
			900004777249--7 -01/16/02-01025--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

TAYKAN, ARIE A  
7880 N. UNIVERSITY DR. #201  
TAMARAC FL 33321

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Date

12/17/01

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

GREGORY S. MCINTOSH

Date

11/07/01

Daytime Phone #

561.231.9881

CP2E040 (8/01)