

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 23 PM 12:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

150

DOCUMENT # **F21731**

1. Corporation Name

DENMAR MARINE CONTRACTORS, INC.

Principal Place of Business

4910 LOWAL DR.
WEST PALM BEACH FL 33415

Mailing Address

4910 LOWAL DR.
WEST PALM BEACH FL 33415

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2081486

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDT	BATOR, MARTIN J	4910 LYWAL DR	WEST PALM BEACH FL

300003457403--5
-11/08/00--01055--001
****750.00 ****750.00

8. Name and Address of Current Registered Agent

BATOR, MARTIN J
4916 LOWAL DR
WEST PALM BEACH FL 33415

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Martin J. Bator

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-14-00

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:

Martin J. Bator
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14/00
Date

KE
561-379-9149
Daytime Phone #