

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F53418

1. Corporation Name

AUTO MARINE TRANSPORT, INC.

Principal Place of Business

1100 SE 24TH ST
FT LAUDERDALE FL 33335
US

Mailing Address

P. O. BOX 21785
FT LAUDERDALE FL 33335
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1981

5. FEI Number

65-0164661

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
PD	NOLAN, JAMES T.	5532 PARK RD	FT LAUDERDALE FL
T	NOLAN, JAMES T.	5532 PARK RD.	FT LAUDERDALE FL

800003058968--5
-12/02/99--01059--003
***750.00 ***750.00

8. Name and Address of Current Registered Agent

MILLER, HOWARD
4030C SHERIDAN ST.
HOLLYWOOD FL 33621

9. Name and Address of New Registered Agent

Name, JAMES T. NOLAN
Street Address (P.O. Box Number is Not Acceptable)
5532 PARK RD.
Suite, Apt. #, Etc.

City, Ft. LAUDERDALE State, FL Zip Code, 33312

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of
Registered Agent

JAMES T. NOLAN
REGISTERED AGENT MUST SIGN

Date 10-13-99

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: JAMES T. NOLAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-13-99
Daytime Phone 954 762-0856

REINSTATEMENT 99



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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