

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F97000004753 (6)

1. Corporation Name

SHELL OFFSHORE SERVICES COMPANY

00 JAN -3 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P. O. BOX 61933
NEW ORLEANS, LA 70161

Mailing Address

P. O. BOX 2463
HOUSTON, TX 77252

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

9/11/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

REINSTATEMENT 99-DO 18

5. FEI Number

72-1311468

Applied For

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
P	J. J. PARM	701 POYDRAS STREET	NEW ORLEANS, LA 70139
V	D. A. ERICKSON	910 LOUISIANA STREET	HOUSTON, TX 77002
S	S. J. PAUL	910 LOUISIANA STREET	HOUSTON, TX 77002
D	R. A. PATTAROZZI	701 POYDRAS STREET	NEW ORLEANS, LA 70139
D	J. J. PARM	701 POYDRAS STREET	NEW ORLEANS, LA 70139
D	J. H. HATCHETT	701 POYDRAS STREET	NEW ORLEANS, LA 70139

8. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION, FL 33324

9. Name and Address of New Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.
City
Tallahassee

900003096329--3

01/12/00 State Code 007

****150.00 FL ****150.00

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

Ann Jeanette Baechle
REGISTERED AGENT MUST SIGN *Authorized Rep.*

Date 12-30-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-13-99 (713)241-6161
Date Daytime Phone #