

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F98000001280

1. Corporation Name

GLOBAL MARINE SYSTEMS (FEDERAL), INC.

Principal Place of Business

PO BOX 21726
FT. LAUDERDALE FL 33335

Mailing Address

PO BOX 21726
FT. LAUDERDALE FL 33335

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

03/05/1998

5. FEI Number

65-0812615

Applied For

Not Applicable

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
V	MITCHELL, ROGER P	2605 STIRLING ROAD 1800 Eller Drive Suite 212	FT. LAUDERDALE FL 33312-33316
PD	LOFTUS, STEPHEN F	309 N LEE ST	ALEXANDRIA VA 22314
VT	CERCONE, CYNTHIA	2605 STIRLING ROAD 1800 Eller Drive Suite 212	FT. LAUDERDALE FL 33312-33316
S	DOUGLAS, JOHN A	888 SIXTEENTH ST NW Suite 700 1735 New York Avenue N.W.	WASHINGTON DC 20006
D	COLE, BERNARD	22 HENDERSON RD	NEW LONDON CT 06320
REINSTATEMENT 01			

8. Name and Address of Current Registered Agent

MITCHELL, ROGER P
2605 STIRLING ROAD
FT. LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name

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

1800 Eller Drive Suite 212

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33316

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

[Signature]

Date 10/15/01

REGISTERED AGENT MUST SIGN

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

Cynthia K. Cercione 10/15/01 954 766-6928

Date

Daytime Phone #

FILED
01 OCT 16 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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****750.00 ****750.00

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