

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 12 AM 7:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700171547937
03/08/10--01083--015 **450.00

CR2E081 (11/09)

DOCUMENT # **F98006003513**

1. Corporation Name

WORLDWIDE MARINE ENGINEERING SERVICES INC

2. Principal Office Address - No P.O. Box #

5367 SE ACADIA TERRACE

Suite, Apt. #, etc

City & State

HOBE SOUND, FL

Zip

33455

Country

3. Mailing Office Address

2000 PGA BLVD

Suite, Apt. #, etc

SUITE 3206

City & State

PALM BEACH GARDENS, FL

Zip

33408

Country

4. Date Incorporated or Qualified

To Do Business in Florida 6/22/98

5. FEI Number

22-3488670

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

QUAIN, MICHAEL H

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

5367 SE ACADIA TERRACE

Suite, Apt. #, Etc

City

HOBE SOUND

State

FL

Zip Code

33455

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

X Michael H. Quain

REGISTERED AGENT MUST SIGN

Date 03/05/10

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	MICHAEL QUAIN	5367 SE ACADIA TERRACE	HOBE SOUND, FL 33455
VSTD	HELEN QUAIN	5367 SE ACADIA TERRACE	HOB SOUND, FL 33455

REINSTATEMENT

RH

10. E-mail Address: ROBERTG@CEDFINANCIAL.COM

(To be used for future annual report notification)

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. I further certify, 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:

X Michael H. Quain

MICHAEL H. QUAIN

03/05/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #