


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000005065

1. Corporation Name

OCEAN DEVELOPMENT CO. OF ILLINOIS

Principal Place of Business

1428 BRICKELL AVENUE
5TH FLOOR
MIAMI FL 33131-3411
US

Mailing Address

% P. STRINGER/AMERICAN CLASSIC VOYAGES CO.
2 N. RIVERSIDE, SUITE 200
CHICAGO IL 60606

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

09/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-4243198

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	RUSTEN, JON	1210 103RD STREET	BAY HARBOUR ISLANDS FL 33154
EVS	ALLEN, JORDAN B	1464 CAVELL	HIGHLAND PARK IL 60035
AS	STRINGER, PAM	1010 S. MAPLE	OAK PARK IL 60304
VT	RAU, JOHN Talcott, Randall L.	3151 N. LINCOLN AVE. UNIT 306 4641 N. Magnolia, #2N	CHICAGO IL 60657- 60640
CD	CALIAN, PHILIP C	1246 FOREST AVENUE	EVANSTON IL 60202
DSV	ALLEN, TODD	1118 FOREST AVE.	WILMETTE IL 60091

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 33301

Name

Street Address (P.O. Box Number, if applicable)

Suite, Apt. #, Etc.

City

400003496274-2

-12/12/00-01012-007

****758

State

FL ****758.75

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

Michael B. Allen
REGISTERED AGENT MUST SIGN

Date

11-9-00

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:

Jordan B. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jordan B. Allen, Executive Vice President

10/30/00

Date

312-466-6204

Daytime Phone #

CR2E040 (800)