

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -6 AM 10:14

DOCUMENT # F99000006504

1. Corporation Name

Hornblower Marine Services, Inc.

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

115 E. Market Street

Suite, Apt. #, etc.

City & State

New Albany, IN

Zip

47150

Country

USA

3. Mailing Office Address

115 E. Market Street

Suite, Apt. #, etc.

City & State

New Albany, IN

Zip

47150

Country

USA

600151468756
04/21/09--01022--002 **1208.75
REINSTATEMENT 02-09

4. Date Incorporated or Qualified
To Do Business in Florida 12/16/1999

5. FEI Number
94-3014623

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

Fred Berley

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

4610 Ocean Street

Suite, Apt. #, Etc.

City

Atlantic Beach

State

FL

Zip Code

32233

☐ 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

Fred V. Berley
REGISTERED AGENT MUST SIGN

Date March 30 2009

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
D, S	Terry A. MacRae	Ferryboat Santa Rosa, Pier 3	San Francisco, CA 94111
P, D, T	John W. Waggoner	115 E. Market Street	New Albany, IN 47150
V	Gary Seabrook	4610 Ocean Street	Atlantic Beach, FL 32233
D	Scott L. Clark	115 E. Market Street	New Albany, IN 47150
REINSTATEMENT 02-09 B 5/12/09			
600151468756 05/06/09--01039--017 **600.00			

10. 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 contained in Chapter 119, 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:

John W. Waggoner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Waggoner, President

March 20, 2009 (812) 941-9990

Date

Daytime Phone #