

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 OCT 12 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G 94944.

1. Corporation Name

PINELLAS MARINE CONSTRUCTION, INC.

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

13004 FAXTON ST.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL.

Zip

33760

Country

USA

3. Mailing Office Address

13004 FAXTON ST.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL.

Zip

33760

Country

USA

REINSTATEMENT

10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

4-5-'84

5. FEI Number

59-2425263

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

MARY FISK

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

8201-97 STREET

Suite, Apt. #, Etc.

City

SEMINOLE

State

FL

Zip Code

33777

800186590218
10/12/10-01059-010 **750.00

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

Mary Fisk

REGISTERED AGENT MUST SIGN

Date 10-8-10

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
D.T. V.S.	Karin Fisk	8201-97 STREET	SEMINOLE, FL. 33777
D.P.	MARY FISK	8201-97 STREET	SEMINOLE, FL. 33777

10. E-mail Address: pnc@yaho.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:

Mary Fisk

MARY FISK, PRESIDENT

Date

10/8/10 72739-3856

Daytime Phone #