

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H25258

1. Corporation Name

APOLLO STEVEDORING COMPANY, INC.

Principal Place of Business

PORT MANATEE 13251 EASTERN AVE  
PALMETTO FL 34221-6808  
US

Mailing Address

PORT MANATEE 13251 EASTERN AVE  
PALMETTO FL 34221-6808  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

764 Kingston Court

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

764 Kingston Court

Suite, Apt. #, etc.

City & State

Apollo Beach, FL

City & State

Apollo Beach, FL

Zip

33572

Country

Hillsborough

Zip

33572

Country

Hillsborough

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/1984

5. FEI Number

50-2460190

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	SHEFFIELD, EDWARD E.	764 KINGSTON CT	APOLLO BEACH FL
D	SHEFFIELD, JOAN E.	764 KINGSTON CT	APOLLO BEACH FL

800003063608--0  
-12/07/99--01097--006  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

SHEFFIELD, EDWARD E.  
764 KINGSTON CT  
APOLLO BEACH FL 33572

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]*

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-12-99

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]*

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/99

813-645-2642

Date

Daytime Phone #

CR25140 (8/98)