

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 19 AM 8:22

DOCUMENT # H95094

1. Corporation Name

DUNN MARINE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300017876513
05/02/03--01049--018 **750.00

Principal Place of Business

C/O FLORIDA MARINE
2100 AVENUE B
RIVIERA BEACH FL 33404
US

Mailing Address

3301 EMBASSY DRIVE
WEST PALM BEACH FL 33401
US

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

01/20/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2631960

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	DUNN, DONNA MONGILLO	3301 EMBASSY DRIVE	WEST PALM BEACH FL 33401

300017876513
05/19/03--01085--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUNN, JONATHAN LANE
256 PARK AVE
PALM BCH FL 33480

Name

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

3301 Embassy Drive

Suite, Apt. #, Etc.

City

West Palm Bch

State

FL

Zip Code

33401

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

4/29/03

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.

Donna M. Dunn

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 - 7 - 03

CR2E040 (8/02)