

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K38327

1. Corporation Name

HILEMAN MARINE SERVICES, INC.

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

1700 North Monroe Street

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 11-321

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32303

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

October 12, 1988

5. FEI Number

650084060

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ 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

Donald P. Boale

REGISTERED AGENT MUST SIGN

Date

07/25/07

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	Mark J. Hileman	43436 Wild Dunes Square	Leesburg, VA 20176
D	Rebecca J. Hileman	43436 Wild Dunes Square	Leesburg, VA 20176

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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:

Mark J. Hileman

Mark J. Hileman, President

Date

20 JUL 07

Daytime Phone #

703.297.7987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR