

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K56900

1. Corporation Name

FLAGSHIP MARINE SERVICES, INC.

FILED

97 DEC -1 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1430 ROSE GARDEN RD.
CAPE CORAL FL 33914

Mailing Address

1430 ROSE GARDEN RD.
CAPE CORAL FL 33914



REINSTATEMENT 97

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

01/10/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0092787

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	SHAVER, KERI P.	169 PINE STREET	RAMSEY NJ
PETE	RS, LORI L.	548 RUSSELL AVENUE	WYKOFF NJ
PETE	RS, BRUCE W.	548 RUSSELL AVENUE	WYKOFF NJ

500002363455--B
-12/04/97--01107--002
****750.00 ****750.00

8. Name and Address of Current Registered Agent

SCHWARTZ, STEVEN G.
2300 GLADES ROAD EAST TOWER
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

Suite 400 East Tower

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

Steven G. Schwartz

REGISTERED AGENT MUST SIGN

Date 11/21/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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:

Keri P. Shaver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/97 (561) 368-9200

Date

Daytime Phone #

Cr2E040 (8/97)