

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

00 JUN -9 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L16207

1. Corporation Name

FLAT ISLAND MARINE, INC.

2. Principal Office Address

1901 CYPRESS STREET

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

Zip

32501

Country

U.S.

3. Mailing Office Address

1901 CYPRESS STREET

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

Zip

32501

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/13/89

5. FEI Number

59-2965820

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

MICHAEL BREDESEN

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

1901 CYPRESS STREET

Suite, Apt. #, Etc.

City

PENSACOLA,

State
FL

Zip Code

32501

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******900.00 ****900.00**

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

Michael Bredeesen

Date **6-5-00**

REGISTERED AGENT MUST SIGN

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
P/S T/D	BREDESEN, MICHAEL	1901 CYPRESS STREET	PENSACOLA, FL 32501

REINSTATEMENT

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 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:

Michael Bredeesen

MICHAEL BREDESEN

6-5-00

(850) 469-0607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)