

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 AM 11:15

DOCUMENT # **L37304**

1. Corporation Name

SAFE HARBOUR MARITIME, INC.

Principal Place of Business

7007 SHRIMP RD
KEY WEST FL 33040
US

Mailing Address

6810 FRONT STREET
STOCK ISLAND FL 33040



REINSTATEMENT **00**

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

12/19/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0212206

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	O'CONNELL, JOSEPH J. JR	P.O. BOX 953 N/A	DADE CITY FL 33525
S	PATRIARCA, DIRK	6810 FRONT STREET	STOCK ISLAND FL 33040

600003487816--9

-12/05/00--01074--027

****758.75 ****758.75

8. Name and Address of Current Registered Agent

TOOLE, DANA G.
608 W. HORATIO STREET
SUITE B
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

JAMES HENDRICK

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

317 WHITEHEAD ST.

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

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

Date

11/13/00

REGISTERED AGENT MUST SIGN

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

pran

Date

11/11/00

Daytime Phone #

305-304-

0524

CR2EDAO (8/00)