

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 JAN -2 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

02

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1989

5. FEI Number

65-0212206

Applied For

Not Applicable

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 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| 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 |
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| | | | |
| | | | |

4000009782274
01/02/03--01025--024 **750.00

8. Name and Address of Current Registered Agent

HENDRICK, JAMES
317 WHITEHEAD ST
KEY WEST FL 33040

9. Name and Address of New Registered Agent

| | | |
|--|--------------------|----------|
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| Suite, Apt. #, Etc. | | |
| 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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/23/02

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

12/13/03

Date

Daytime Phone #

305-304-
0524

CR2E040 (8/02)