

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L38983

1. Corporation Name

TECMARINE LINES, INC.

Principal Place of Business

2051 SE 35TH ST
PORT EVERGLADES
FORT LAUDERDALE FL 33316
US

Mailing Address

POST OFFICE BOX 21647
FT LAUDERDALE FL 33335

600023747796
10/13/03--01056--015 **758.75



REINSTATEMENT

03

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

2. New Principal Office Address, If Applicable

6861 SW 196 Avenue

Suite, Apt. #, etc.

Suite 201-04

City & State

Ft. Lauderdale, FL

Zip

33332

Country

USA

3. New Mailing Office Address, If Applicable

6861 SW 196 Avenue

Suite, Apt. #, etc.

Suite 201-04

City & State

Ft. Lauderdale, FL

Zip

33332

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1990

5. FEI Number

65-0170869

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|--------------------------|
| P | CHESTER, JEREMY | 2051 SE 35TH STREET BOX 21647 | FT LAUDERDALE FL 33335 |
| V | CHESTER, BRITT K | 2051 SE 35TH STREET, BOX 21647 | FT LAUDERDALE FL 33335 |
| V | CHESTER, KEVIN | 2051 SE 35TH STREET | FT LAUDERDALE FL 33335 |
| V | SOUSA, KENNETH G | 2051 SE 35TH STREET | FT LAUDERDALE FL 33335 |
| Assignee | Phelan, Michael P | 6861 SW 196 Avenue | Ft. Lauderdale, FL 33332 |

8. Name and Address of Current Registered Agent

CHESTER, BRITT K.
2051 SE 35TH ST
P O BOX 165525
FORT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name

Michael P. Phelan

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

6861 SW 196 Avenue

Suite, Apt. #, Etc.

Suite 201-04

City

Ft. Lauderdale

State

FL

Zip Code

33332

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

Michael P. Phelan

Date 10/09/03

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:

Michael P. Phelan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/09/03

Daytime Phone #

CR2040 (7/03)