

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 # **L72195**

1. Corporation Name

**Canaveral Marine Services, Inc.**

Principal Place of Business

**300 Columbia DR. #1106  
Cape Canaveral, FL 32920**

Mailing Address

**300 Columbia DR. #1106  
Cape Canaveral, FL  
32920**

90 SEP 28 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT **93-98**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

**311 W. Fairbanks Ave.**

Suite, Apt. #, etc.

City & State

**Winter Park, FL**

Zip

**32789**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/09/90**

5. FEI Number

**59-3092112**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Roger D. Helms	311 W. Fairbanks Ave.	Winter Park, FL 32789

**800002651718--7  
-09/29/98--01068--011  
\*\*\*1508.75 \*\*\*1508.75**

8. Name and Address of Current Registered Agent

**Robert J. Wheelock, Jr.  
225 E. Robinson St.  
Orlando, FL 32801**

9. Name and Address of New Registered Agent

Name

**Roger D. Helms, Esq.**

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

**311 W. Fairbanks Ave.**

Suite, Apt. #, Etc.

City

**Winter Park**

State

**FL**

Zip Code

**32789**

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

*Ron Helms*

REGISTERED AGENT MUST SIGN

Date

**5/26/98**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ron Helms* *President*

**9/23/98**

Date

**407-647-2277**

Daytime Phone #