

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 1996

DOCUMENT # **L99601**

1. Corporation Name

ENDURANCE MARINE INCORPORATED

Principal Place of Business

**END OF SHIMP ROAD
STOCK ISLAND FL 33040
US**

Mailing Address

**201 MARGARET STREET
KEYWEST FL 33040
US**

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

09/14/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0253020

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PS	KIRWIN, FRANCIS	614 GRINNELL STREET	KEY WEST FL
VT	DYE, JAMES	614 GRINNELL STREET	KEY WEST FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DYE, JAMES
201 MARGARET STREET
KEY WEST FL 33040**

Name

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

Suite, Apt. #, Etc.

City

State

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

273-7423
Daytime Phone #
1305

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 NOV 14 11:00

MWB
11-14-96

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 NOV 14 AM 10:01

FILED

NOV 14 1996