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API REM	ICATION TOP		PARTURE therite	tale	L		•	
DOCUMENT # M 59 709 DIVISION OF CORPORATIONS					FILED			
1 Corporation Name					99 NOV 17 PM 3: 27			
Schoell MARINE, INC.								
w99-				25950	Ţ	SECRETARY OF STATE ALLAHASSEE, FLORIC	<u>-</u> Δ	
Principal Place of Business Mailing Address 601 NE 36 Th Court 601			ess NE OC th	NE Of th Court		, Appriliaged to the second		
Pom	PANO BEACH, FL	mprovo Beach, F-1						
	33064			33064			•	
If abovε addresses are incorrect in any way, line through incorrect information and enter correction below.								
· ·			ling Office Address, If Applicable		4. Date Incorporated or Qualified , To Do Business in Florida , To Co / C			
Suite, Ap:.	# etc.	Suite, Apt. #,	etc.		5. FEI Number Applied For			
City & State		City & State					Not Applicable	
Zıp	Country	Zip	Countr	у			Additional Fed required Destribute of Status	
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 2		Of	eet Address of Each ficer and/or Director se Post Office Box N		City / State	/ Zip	
			1 10000		initiosis)			
PD Schoell, HARry L. 601				VE 26 th Court Tompano Beach, F/33014			L, F/33064	
						•	}	
					9000030631999			
						####150.00 ####150.00		
					SP			
				900030631999				
8. Name and Address of Current Registered Agent					9. Name and	Address **** Rigilizable Api	##*150.00	
Schoell Harry L.							(12/98	
Stre					Street Address (P.O. Box Number is Not Acceptable)			
Suite, Apr. #. Etc.								
City					. P.	State 2	7	
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 Date								
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No								
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 PRESENTAND OF PRINTED MAME OF SIGNING DEFICER ON DIRECTOR DE DEIGNING Phone 6								

SCHOELL MARINE INC

DESIGN ENGINEERING & PROTOTYPE

601 N.E. 28TH COURT+POMPANO BEACH, FL 33084+PH:(954)788-0810+FAX:(964)788-8566+WWW.SCHOELLMARINE.COM

November 1, 1999

Florida Department of State Sandra B. Mortham, Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Schoell Marine, Inc. FED # 65-0022529

Dear Ms. Mortham:

Enclosed please find copy of "Application for Reinstatement" along with our check for \$150,

We respectfully request the Reinstatement fees be waived due to our extenuating ofrcumstances. Since we relocated from 515 Seabreeze Blvd, Ft. Lauderdale, Florida to our current address none of our correspondence was forwarded. We had an Agent at that time, John A. Margois, who was in charge of all of our State and Federal reporting. We were under the assumption that these forms had been properly filed and never received any notice to the contrary.

We assure you that is will not be neglected in the future.

Sincerel

Frankie Fruge, POA SCHOELL MARINE, INC.

Enc.