

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY -5 AM 10:04

DOCUMENT # P00000040133

1. Corporation Name

GULF AMERICAN MARINE, INC.

REINSTATEMENT 01-03

2. Principal Office Address

994 N. BARFIELD

Suite, Apt. #, etc.

SUITE #4

City & State

MARCO ISLAND, FL

Zip

34145

Country

USA

3. Mailing Office Address

4813 CORTEZ CIRCLE

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34112

Country

USA

800018023078
05/05/03--01112--008 **1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

04-17-2000

5. FEI Number

65-1044187

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ELAINE B. WHATLEY

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

3136-52ND TERR SW

Suite, Apt. #, Etc.

City

NAPLES

State
FL

Zip Code

34116-8132

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Elaine B. Whatley
REGISTERED AGENT MUST SIGN

Date 4-30-03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	CHARLES C. NEWMAN	4813 CORTEZ CIRCLE	NAPLES, FL 34112

10. 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:

Charles C. Newman PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

239-642-9515

Daytime Phone #