

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2006 JUL -5 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000041383**

**1. Corporation Name**

ALIMAR MARINE SERVICES, CORP.

2235 SW 58 CT

2235 SW 58 Ct

**2. Principal Office Address**

2235 SW 58 CT

Suite, Apt. #, etc.

**3. Mailing Office Address**

2235 SW 58 Ct

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33155

Country

U.S.A

Zip

33155

Country

U.S.A

**4. Date Incorporated or Qualified**

To Do Business in Florida 04/25/00

**5. FEI Number**

65-1002770

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

MORENO, Omar F.

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

2235 SW 58 Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

**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

Date

REGISTERED AGENT MUST SIGN

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PD     | MORENO, OMAR F.                      | 2235 SW 58 CT                                     | MIAMI, FL 33155    |
| SD     | AVILES, ALICIA                       | 2235 SW 58 CT                                     | MIAMI, FL 33155    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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07/12/06--01012--016 \*\*1500.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)