

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000071769

1. Corporation Name

Maritime Excursions, Inc.

2. Principal Office Address

7196 Overseas Hwy.
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 522605
Suite, Apt. #, etc.

City & State

Marathon, FL

Zip

33050

Country

USA

City & State

Marathon Shores, FL

Zip

33052

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-27-00

5. FEI Number

65-1032607

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

Thomas D. Wright

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

9711 Overseas Hwy.

Suite, Apt. #, Etc.

Suite 5

City

Marathon

State

FL

Zip Code

33050

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**

Thomas D. Wright

Date

10/30/01

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.V.T. S.D.	Klemm, Wesley C.	PO Box 522605	Marathon Shores, FL 33050

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:

Wesley C. Klemm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/01

Date

305-731-6735

Daytime Phone #