

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000074239

1. Corporation Name

MARINE SERVICES OF NAPLES, INC.

Principal Place of Business

Mailing Address

3252 REGATTA RD
NAPLES FL 34103

3252 REGATTA RD
NAPLES FL 34103

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

E. Todd Puckett

Suite, Apt. #, etc. 10931 K-9 Dr #6

City & State Bonita Springs

Zip 34135 Country USA

3. New Mailing Office Address, If Applicable

E. Todd Puckett

Suite, Apt. #, etc. 10931 K-9 Dr #6

City & State Bonita Springs FL

Zip 34135 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/2000

5. FEI Number

59-3663074

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate 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	Street Address of Each Officer and/or Director	City / State / Zip
D	TURNER KIPP, TAMMY	3252 REGATTA RD	NAPLES FL 34103
D	KEETH KIPP, L.E.	3252 REGATTA RD	NAPLES FL 34103
S/D, P/D, VP/D	E. Todd Puckett	540 Regatta Rd	Naples FL 34103

8. Name and Address of Current Registered Agent

TURNER KIPP, TAMMY
3252 REGATTA RD
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name E. Todd Puckett
Street Address (P.O. Box Number is Not Acceptable)
10931 K-9 Dr
Suite, Apt. #, Etc. Suite #6
City Bonita Springs State FL Zip Code 34135

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 10-17-01

REGISTERED AGENT MUST SIGN

11. 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 #