

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 15 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000095967

**1. Corporation Name**

PROFESSIONAL MARINE TRANSPORT, INC.

**2. Principal Office Address**  
975 Peterson Road

Suite, Apt. #, etc.

City & State  
Pierson, FL

Zip  
32180

Country  
USA

**3. Mailing Office Address**  
403 West Oak

Suite, Apt. #, etc.  
Ste 203

City & State  
El Dorado, AK

Zip  
71730

Country  
USA

**REINSTATEMENT** 01-04

**4. Date Incorporated or Qualified  
To Do Business in Florida** 10/10/2000

**5. FEI Number**  
65-1046276

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  
RICHARD W. WINESETT

Street Address (P.O. Box Number is Not Acceptable)  
2248 First Street

Suite, Apt. #, Etc.

City  
Fort Myers

State  
FL

Zip Code  
33901

600032879886  
04/15/04 01046 011 \*\*1200.00

**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

*Richard W. Winesett*  
REGISTERED AGENT MUST SIGN

Date 4/13/04

**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/D	ROBIN P. RAY	403 West Oak, Ste 203	El Dorado, AK 71730
VP/D	NATHAN BUSH	975 Peterson Road	Pierson, FL 32180
T/D	DETA BUSH	975 Peterson Road	Pierson, FL 32180
S/D	HENRIETTA RUTH RAY	403 West Oak, Ste 203	El Dorado, AK 71730

**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)(l), 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:**

*Robin P. Ray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robin P. Ray, President

Date

4-7-04

Daytime Phone #

870-862-8221

CR2E081 (01/04)