

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

04 JAN -5 PM 4:34

DOCUMENT # 000000104312

1. Corporation Name American Lightning Maritime

REINSTATEMENT 02-04

2. Principal Office Address

3. Mailing Office Address

674 NE Owls Nest Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port St. Lucie, FLA

Zip

Country

Zip

Country

34983

Palm Bch

4. Date Incorporated or Qualified
To Do Business in Florida

NOV. 7, 2000

5. FEI Number

30-0219987

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

GEORGE C. Turenne

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

674 N.E. Owls Nest Court

Suite, Apt. #, Etc.

Port St. Lucie, FLA 34983-3518

State
FL

Zip Code

34983-3518

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

George C. Turenne
REGISTERED AGENT MUST SIGN

Date 12/30/03

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
P	GEORGE C. Turenne	674 N.E. Owls Nest Court	Port St. Lucie FLA 34983-3518
S	GEORGE C. Turenne	674 N.E. Owls Nest Court	Port St. Lucie FLA 34983-3518

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: George C. Turenne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/03
Date

361-719-9412
Daytime Phone #