

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV 12 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000005473

1. Corporation Name

F & I TOTAL MARINE, INC.

Principal Place of Business

7841 NW 16 COURT  
PEMBROKE PINES FL 33024

Mailing Address

7841 NW 16 COURT  
PEMBROKE PINES FL 33024

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

2. New Principal Office Address, If Applicable

17771 71 LN  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

17771 71 LN  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/16/2001

5. FEI Number

65-1158255

Applied For

Not Applicable

City & State

Loxahatchee, FL

City & State

Loxahatchee, FL

Zip

33470

Country

USA

Zip

33470

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SALVINO, FRANK	7841 NW 16 COURT 17771 71 LN	PEMBROKE PINES FL 33024 Loxahatchee, FL 33470

600008941336

11/12/02--01122--001 \*\*150.00

8. Name and Address of Current Registered Agent

SALVINO, FRANK  
7841 NW 16 COURT  
PEMBROKE PINES FL 33024

9. Name and Address of New Registered Agent

Name

Paul Frank SALVINO

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

17771 71 LN

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/30/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/02

CR2040 (8/02)



# TOTAL MARINE

4153 SW 47<sup>th</sup> Av, Bay 159 -- Davie, FL 33314

(954) 587-0486 PH

(954) 587-8570 FX

October 30, 2002

We are in receipt of the Notice of Administrative Disolution. We have signed the reinstatement application and submit the normal fee of \$ 150.00. We did not get the original notice, as that mail was not forwarded to me. I did get the Notice of Administrative Disolution, it was forwarded to my new address. I have changed the addresses on the application.

Please accept this check for \$ 150.00 and reinstate my corporation.

THANK YOU  
TOTAL MARINE  
FRANK SALVINO