

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JUL -7 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000035302

1. Corporation Name

BOKEELIA BARGE AND TRANSFORT, INC.

REINSTATEMENT 08-09

CR2E081 (12/08)

27/7

2. Principal Office Address - No P.O. Box #

600 FIFTH AVENUE S.

Suite, Apt. #, etc.

207

City & State

NAPLES, FL

Zip

34102

Country

USA

3. Mailing Office Address

600 FIFTH AVE. SOUTH

Suite, Apt. #, etc.

207

City & State

NAPLES, FL

Zip

34102

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/06/2001

5. FEI Number

593708333

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

JOHN N. BRUGGER

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

600 FIFTH AVENUE SOUTH

Suite, Apt. #, Etc.

207

City

NAPLES, FL

State

FL

Zip Code

34102

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

REGISTERED AGENT MUST SIGN

Date 7/2/09

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
DVP	JOHN N. BRUGGER	600 FIFTH AVE. SOUTH, #207	NAPLES, FL, 34102
VP	PAUL STANTON	600 FIFTH AVE. SOUTH, #207	NAPLES, FL 34102

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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 contained in Chapter 119, 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

7/2/09

Date

239-263-6000

Daytime Phone #