

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 22 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000104021

1. Corporation Name

H & J MARINE, INC.

Principal Place of Business

Mailing Address

1352 MAYFAIR RD  
JACKSONVILLE FL 32202

1352 MAYFAIR RD  
JACKSONVILLE FL 32202

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1352 Mayfair Rd  
Suite, Apt. #, etc.

1352 Mayfair Rd  
Suite, Apt. #, etc.

City & State  
Jacksonville FL

City & State  
Jacksonville FL

Zip 32207 Country USA

Zip 32207 Country USA

REINSTATEMENT 02

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/2001

5. FEI Number

59-3751914

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JOHNSON, SHARON B	1352 MAYFAIR RD	JACKSONVILLE FL 32202 32207
D	HALL, GARY W	1352 MAYFAIR RD	JACKSONVILLE FL 32202 32207

400008564234  
10/24/02--01032--005 \*\*750.00

8. Name and Address of Current Registered Agent

JOHNSON, SHARON B  
1352 MAYFAIR RD  
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

Johnson, Sharon B.

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

Suite, Apt. #, Etc.

1352 Mayfair Rd

City

Jacksonville

State

FL

Zip Code

32207

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]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

Oct. 22, 2002

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]*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-02 904 396-0171

CR2E040 (8/02)