

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 NOV -4 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000116697

1. Corporation Name

AMERICAN COASTAL MARINE CONSTRUCTION, INC.

Principal Place of Business

2141 N.E. 24TH STREET
LIGHTHOUSE POINT FL 33064

Mailing Address

2141 N.E. 24TH STREET
LIGHTHOUSE POINT FL 33064

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/2001

5. FEI Number

03-0384436

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
P	Walter Popielarczyk	2141 NE 24th St.	Lighthouse Point, FL 33064

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SKELTON, RAYMOND J

~~4000 GRIFFIN ROAD~~

~~SUITE 812~~

~~DAVIE FL 33314~~

3335 N. University Drive
Suite 8
DAVIE, FL 33024

Name

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

3335 N. University Drive - Suite 8

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33024

CR2E040 (8/02)

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

Raymond J. Skelton
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/1/02

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:

Raymond J. Skelton
SIGNATURE REQUIRED

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2141 NE 24th Street
Lighthouse Point, FL 33064
(954) 528-9121

November 1,

Mr. Jim Smith
Secretary of State
Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee, FL 32314

RE: American Coastal Marine Construction, Inc.
P01000116697

WPK DEVELOPMENT, INC.
P00000059865

Dear Mr. Smith:

I respectfully submit a request to reinstate my two corporations for the fee of \$150.00 each, based on the fact that I received the enclosed Application for Reinstatement on **Friday, October 25th**. I still have not received the Application for Reinstatement for WPK Development from the State, so I downloaded the form from your website and have included herein.

Raymond Skelton, CPA, PA is the current Registered Agent. Raymond moved his office location last year, and the forms sent out by the State were sent to his old business address and unfortunately they were never forwarded to his new location. Raymond's correct address has been noted on the application.

I thank you in advance for your consideration and assistance of my request. I have enclosed two checks in the amount of \$150.00 for each of the above referenced corporations.

Sincerely,



Walter J. Popielarczyk

C: Raymond Skelton
File