

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000075362**

1. Corporation Name

**CSP MARINE CONSULTANTS, INC.**

Principal Place of Business

626 CONSERVATION DR.  
WESTON FL 33327

Mailing Address

626 CONSERVATION DR.  
WESTON FL 33327

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

2. New Principal Office Address, If Applicable

**918 Spoonbills Circle**  
Suite, Apt. #, etc.

City & State

**Weston**

Zip

**FL**

Country

**33326**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

**SAME**

Zip

**33327**

Country

**FL**



4. Date Incorporated or Qualified  
To Do Business in Florida

**07/11/2002**

5. FEI Number

**33-102423**

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	PODOLSKY, CHRISTOPHER S	626 CONSERVATION DR.	WESTON FL 33327

**800023920198**

**10/17/03--01092--019 \*\*150.00**

8. Name and Address of Current Registered Agent

**SAKS, SYLVIA M**  
**3990 SHERIDAN ST.**  
**HOLLYWOOD FL 33021**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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

*Sylvia Saks*

REGISTERED AGENT MUST SIGN

Date

**10/10/03**

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:

*Christopher S. Podolsky* **christopher.s. Podolsky**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

October 10, 2003

Dear Sir/Madam,

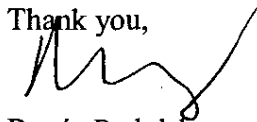
Enclosed you will find check number 1069 in the amount of \$150.00 for

CSP Marine Consultants  
918 Spoonbill Circle  
Weston, FL 33326.

As discussed with a representative from your office our company has not received notification prior to this as to the filing of this information. As discussed, the confusion appears to be in the mailing address of the documents. This particular document was mailed to the above address, but as can be seen from the form, the old address is listed in that spot. As instructed by your representative we are enclosing the form and the above specified remittance.

Should you have any question, please contact us.

Thank you,



Renée Podolsky  
VP/Secretary