

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000086147**

1. Corporation Name

CREWMEMBER & MARITIME ADVOCACY CENTER, P.A.

Principal Place of Business

1374 S.E. 17TH ST.
FT. LAUDERDALE FL 33316

Mailing Address

1374 S.E. 17TH ST.
FT. LAUDERDALE FL 33316

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

255 University Drive
Coral Gables, FL
33134

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/2002

5. FEI Number

54-2073676

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DOWNS, CRAIG T	255 UNIVERSITY DR.	CORAL GABLES FL 33134
VD	AYALA, JULIO	255 UNIVERSITY DR.	CORAL GABLES FL 33186

8. Name and Address of Current Registered Agent

DOWNS, CRAIG T
255 UNIVERSITY DR.
CORAL GABLES FL 33134

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/24/03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/03

(305)444-8226

CR2E040 (7/03)

FILED
03 OCT 28 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



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10/28/03--01018--024 **150.00



A Private Law Firm

Julio J. Ayala, Esq.

Craig T. Downs, Esq.

Crewmember & Maritime Advocacy Center

1374 SE 17th Street

Ft. Lauderdale, FL 33316

Telephone: 1-954-759-9994 Toll Free: 1-877-273-2529

Fax: 1-954-759-9093 Toll Free: 1-866-273-9243

www.crewadvocacy.com

jjayala@bellsouth.net cdowns@downsassoc.com

Glenda E. Hood
Florida Department of State
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

RE: Document #P02000086147

To Whom It May Concern:

We have received a certificate of administrative dissolution for failing to return our 2003 corporation annual report/uniform business report. This correspondence is to inform the Division of Corporations that our offices, unfortunately, never received the original mailing of the 2003 UBR. Towards the end of January we moved from 1320A SE 17th Street, to unit 1374 SE 17th Street and we have now discovered that some of our mail was still being delivered to the old address. We are requesting that you please waive the reinstatement fee and return our corporation to "active" status. We have enclosed payment of \$150.00 to file the UBR without penalty. Your consideration is greatly appreciated in resolving this matter.

Cordially,

Craig T. Downs