

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 # P02000106518

1. Corporation Name

S.M. MARINE INC

FILED

04 JAN 27 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3460 N.W. NORTH RIVER DRIVE
MIAMI FL 33142

3460 N.W. NORTH RIVER DRIVE
MIAMI FL 33142

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

2. New Principal Office Address, If Applicable

15190 S.W. 49TH COURT
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

15190 S.W. 49TH COURT
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/2002

5. FEI Number

14-1893473

Applied For

Not Applicable

City & State
DAVIE, FLORIDA

City & State
DAVIE, FLORIDA

Zip
33331

Country
U.S.A

Zip
33331

Country
U.S.A

CERTIFICATE OF STATUS DESIRED ☒ \$6.75 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	SOTIRIS MASTOROPOULOS	15190 S.W. 49TH COURT	DAVIE, FLORIDA 33331

400026627794
01/09/04--01086--009 **750.00

8. Name and Address of Current Registered Agent

MASTOROPOULOS, SOTIRIS
15190 SW 49TH COURT
DAVIE FL 33331

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

REGISTERED AGENT MUST SIGN

Date

JANUARY 7/2004

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 419.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JAN 27/04

Daytime Phone #

(954) 868-0274

CR2E040 (7/03)