

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 09000099723

1. Corporation Name

INTERNATIONAL MARINE&INDUSTRIAL DIESEL SALES

2. Principal Office Address - No P.O. Box #

1802 SW 7TH AVE

3. Mailing Office Address

1802 SW 7TH AVE

Suite, Apt. #, etc.

1802

Suite, Apt. #, etc.

1802

City & State

POMPANO BEACH

City & State

POMPANO BEACH

Zip

33060

Country

USA

Zip

33060

Country

USA

000213415990  
10/18/11--01029--002 \*\*750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/09/2009

5. FEI Number

271516898

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SEITEL SERVICES / INIRIDA CRASSUS

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

3651 OAKS CLUBHOUSE DR

Suite, Apt. #, Etc.

3651

City

POMPANO BEACH

State

FL

Zip Code

33069

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 09/28/2011

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	REGULO SEMIDEY CRASSUS	521 W PALM ARE DR POMPANO BEACH FL 33069	POMPANO BEACH/ FL /33069
VICE-PRESIDENT	JACQUELINE ARTEAGA	521 W PALM AIRE DR POMPANO BEACH FL 33069	POMPANO BEACH/FL/33069

10. E-mail Address: INTERMARINE2010@COMCAST.NET

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

REGULO SEMIDEY CRASSUS

10/21/11 9347084871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #