

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Morthain
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **P31201**

1. Corporation Name

CASJ Marine, Corp.

Principal Place of Business

**55 E. Monroe Street
 Suite 4100
 Chicago, IL 60603**

Mailing Address

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

2. New Principal Office Address, If Applicable

3455 Salt Creek Lane

Suite, Apt. #, etc.

Suite 200

City & State

Arlington Heights, IL

Zip

60005

Country

Cook

3. New Mailing Office Address, If Applicable

3455 Salt Creek Lane

Suite, Apt. #, etc.

Suite 200

City & State

Arlington Heights, IL

Zip

60005

Country

Cook

4. Date Incorporated or Qualified To Do Business in Florida

10/05/90

5. FEI Number

36-3729468

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C	Richard J Stephenson	125 Buckley Road	Barrington Hills, IL 60010
VP	Anne E. Stephenson	125 Buckley Road	Barrington Hills, IL 60010
P	Alicia Stephenson	125 Buckley Road	Barrington Hills, IL 60010
VP	Christopher Stephenson	125 Buckley Road	Barrington Hills, IL 60010
S	Shawn Stephenson	125 Buckley Road	Barrington Hills, IL 60010
T	Jennifer Stephenson	125 Buckley Road	Barrington Hills, IL 60010

8. Name and Address of Current Registered Agent

**Robb R. Maass, Esq.
 321 Royal Poinciana Plaza
 Palm Beach, FL 33480**

9. Name and Address of New Registered Agent

Corporation Service Company
 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
 Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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.

Signature of Registered Agent

Carol K. Kato

REGISTERED AGENT MUST SIGN

300002334323--6
10/30/97--01100--002
 Date ******915.00 ****915.00**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Richard J Stephenson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard J Stephenson

10/17/97
 Date

(847) 382-2666
 Daytime Phone #

CR2E040 (2/96)