

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *re*
REINSTATEMENT



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

APPROVED
AND
FILED

1997 SEP 16 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P93000040136*

1. Corporation Name

W. B. Marine, Inc.

Principal Place of Business

Mailing Address

*40 Kruger & Company P.A.
5420 NW 33rd Ave #109
Ft Lauderdale FL 33309*

*102 NE 2 St.
#312
Boca Raton, FL
33432*

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

6/7/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0424222

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
<i>Pf</i>	<i>Wendy Baker</i>	<i>102 NE 2 St #312</i>	<i>Boca Raton, FL 33432</i>
			<i>100002296261-6</i>
			<i>-09/17/97--01124--003</i>
			<i>****915.00 ****915.00</i>

REINSTATEMENT

8. Name and Address of Current Registered Agent

*Mark Pollack
1776 N. Pine Island Rd.
Plantation, FL
33322*

9. Name and Address of New Registered Agent

Name *Allan Krueger*
Street Address (P.O. Box Number is Not Acceptable)
5420 NW 33rd Ave.
Suite, Apt. #, Etc.
109
City *Fort Lauderdale*

State
FL

Zip Code
33309

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

Allan Krueger

REGISTERED AGENT MUST SIGN

Date *9/12/97*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy Baker

June 2, 1997 (561)
Date Daytime Phone # *852-9085*