

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000040537

1. Corporation Name

SPIVAZI MARINE CORPORATION

Principal Place of Business

Mailing Address

7841 SW 183RD TERR
MIAMI FL 33157
US

7841 SW 183RD TERR
MIAMI FL 33157
US

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

2. New Principal Office Address, If Applicable

6254 S. Dixie Hwy.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6254 S. Dixie Hwy.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL 3

Zip

33143

Country

USA

Zip

33143

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

06/08/1993

5. FEI Number

65-0415022

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GEORGE TZELEPIS	7841 SW 183RD TERR	MIAMI FL
VP	TZELEPIS, MARY	7841 SW 183RD TERR	MIAMI FL 33157
S	TZELEPIS, GEORGE	7841 SW 183RD TERR	MIAMI FL
T	MARY TZELEPIS	7841 SW 183RD TERR	MIAMI FL
			400003454584--4 -11/07/00--01020--023 *****400.00 *****400.00

8. Name and Address of Current Registered Agent

TZELEPIS, GEORGE
7841 SW 183RD TERRACE
MIAMI FL 33157

9. Name and Address of New Registered Agent

Name

Mary Powell-Tzelepis

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

6254 S. Dixie Hwy.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-14-2000

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

10-14-2000 305-665-9414

Date

Daytime Phone #

LS

FILED

00 OCT 18 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7118/00 910021/046 \$158.75

CR2E040 (8/00)

Dept. of State

10-14-2000

To Whom It May Concern:

2028

I submitted my paperwork and a check which was processed by your department. Because it was late you sent a second form and request for additional funds which I completed and submitted.

However my second check was not processed. I received a notice of disqualification in the mail with a reinstatement form.

I have completed this form and am enclosing a check for \$400.-. I would

greatly appreciate your
waiving any late fees as I
did submit the proper
paperwork and money.

