

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000040537**

1. Corporation Name

Spirazi Marine Corp.

01/02
UBR

FILED

02 MAR -4 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

6254 S. Dixie Hwy

Suite, Apt. #, etc.

City & State

Miami, FL 33143

Zip

33143

Country

USA

3. Mailing Office Address

6254 S. Dixie Hwy

Suite, Apt. #, etc.

City & State

Miami FL 33143

Zip

33143

Country

USA

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-03/19/02--01049--003

*******8.75 *****8.75**

4. Date Incorporated or Qualified
To Do Business in Florida

6/93

5. FEI Number

650415022

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

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

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

Mary Powell-Tzelepis

REGISTERED AGENT MUST SIGN

Date

3/5/02

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
P	George Tzelepis	7841 SW 183 Terr	Miami FL 33157
VP	Mary Tzelepis	7841 SW 183 Terr	Miami FL 33157
S	George Tzelepis	7841 SW 183 Terr	Miami, FL 33157
T	Mary Tzelepis	7841 SW 183 Terr	Miami, FL 33157

10. 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

3/5/02 305-252-6133

Date

Daytime Phone #

2 of 2

MARY E. POWELL-TZELEPIS

6254 South Dixie Highway
Miami, Florida 33143

(305) 665-9414

March 5, 2002

State of Florida
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Michelle,

Pursuant to our conversation I have enclosed a completed Reinstatement form for Spivazi Marine Corporation, Document Number P93000040537. As the records reflect with the Division of Corporations, the renewal form was never received, as it reflects in your system as being returned by the Post Office. With that, I would respectfully request that you waive any and all late fees, and I have enclosed a check for \$300.00 for the years of 2001, and 2002.

Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mary Powell-Tzelepis".

Mary Powell-Tzelepis