

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P93000062727

1. Corporation Name
ARONOW MARINE, INC.

Principal Place of Business
600 RIVIERA DRIVE
FORT LAUDERDALE FL 33301

Mailing Address
600 RIVIERA DRIVE
FORT LAUDERDALE FL 33301

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida		DO NOT WRITE IN THIS SPACE	
09/02/1993			
5. FEI Number	65-0441723	Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 95-98

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
D	ARONOW, DAVID	600 RIVIERA DRIVE	FORT LAUDERDALE FL 33301

5000002711845--9
-12/14/98--01106--014
***1200.00 ***1200.00

12/11

8. Name and Address of Current Registered Agent

MARKO, EDWARD J
1401 E BROWARD BOULEVARD
SUITE 201
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name: **ARONOW, DAVID**
Street Address (P.O. Box Number Is Not Acceptable):
600 RIVIERA DRIVE
Suite, Apt. #, Etc.

City: **FORT LAUDERDALE** State: **FL** Zip Code: **33301**

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 REQUIRED**
REGISTERED AGENT MUST SIGN

Date **12/9/98**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/98 **954-523-7250**
Date Daytime Phone #

CR20040 (6/95)