

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P93000072160

1. Corporation Name

SOUTHERN MARINE ELECTRIC, INC.

Principal Place of Business

Mailing Address

58 NE 7TH STREET  
MIAMI FL 33132

58 NE 7TH STREET  
MIAMI FL 33132

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/11/1993	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0452491	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PD	BLUMENSTINE, MARC E	1795 DAYTONIA ROAD	MIAMI FL 33141
PVD	BLUMENSTINE, MARC L	7601 E TREASURE DRIVE #906	N BAY VILLAGE FL 33141
ST	BLUMENSTINE, TAMMY	1795 DAYTONIA ROAD	MIAMI FL 33141
			800003491148--9 -12/07/200--01079--010 ***758.75 ***758.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BLUMENSTINE, MARC E 58 NE 7TH STREET MIAMI FL 33132		Name TAMMY BLUMENSTINE Street Address (P.O. Box Number is Not Acceptable) 58 NE 75 ST Suite, Apt. #, Etc. City MIAMI FL 33132	
		State FL Zip Code 33132	

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 \_\_\_\_\_ Date 11-13-00

REGISTERED AGENT MUST SIGN

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: \_\_\_\_\_ Date 11-13-00 Daytime Phone # 305-358-3632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (800)