	4 6	PLEAS	SE READ /	ALL INST	RUCT	IONS	BEFORE C	OMPLET	ING THIS FORM		
<u>،</u> ا	PLICAT FOR STATE	ION		FLORID	A DEPA Sandra	RTMEI B. Mor ary of S	NT OF STATE tham state		Entropy of the Control of the Contro	ner (1) () The Set (1) () The Physics	
DOCUMENT # P93000014788 1. Corporation Name								97 OCT 27 PM b: 03 SECRETARY OF STATE TALLAHASSEE FLORIDA			
Bedminster Seacor Services Miami Corporation									TÄLLAHASSEI	T. C. Course	
Principal Place of Business Mailing Address											
Cherry Hill Corporate Center 535 Route 38, Suite 580 Cherry Hill, NJ 08002								97av			
						ng Address, If Applicable			DO NOT WRITE IN THIS SPACE 4. Date incorporated or Qualified To Do Ruspinger in Elevidor		
320 Grand Avenue 320 Grand Suite, Apt. #, efc. Suite, Apt. #					and Avenue			To Do Business in Florida 10-28-93 5. FEI Number Applied For			
City & State City & State Englewood, NJ Engle					wood, NJ			22-326		Applied For Not Applicable	
Zip Country			Zip Country 07631 U.S.A.				6. CERTIFICATE OF STATUS DESIRED X S8.75 Additional Fee required for a Certificate of Status				
7. Names a	ind Street Ad			r Director (Flor	ida nonpro		ions must list at leas	st 3 directors)			
Title(s)	Name of Officers and/or Directors				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			umbers)	City / Ste	ate / Zip	
PRES.	ROGER E. TUTTLE				320 GRAND AVE.				ENGLEWOOD, NJ	07631	
ASST.Y	PASQUALE J. DI LEO				320 GRAND AVE.				ENGLEWOOD, NJ	07631	
DIR.	PASQU	ALE J.		320 GRAND AVE.				ENGLEWOOD, NJ	07631		

								K]	20000233 -10/28/97-	01022016	
Name								9. Name and Address of New Registered Agent ****750.00			
								Corporation System O Box Number is Not Acceptable) OO S. Pine Island Road			
Tallahassee, FL 32301							12(Suite, Apt. #, Etc.	1200 S. Pine Island Road y			
								State Zip Code			
Plantation FL 33324											
10. I, belog appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. WARY ALICE ROGERS Special Assistant Secretary Date 10-23-97											
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No x (See other side for information on intangible tax.)											
12. 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 region for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all tees 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: ASST. SEC ¹ TY PASQUALE J. DILEO 10-24-97 (201) 541-9393											
SIGNATURE: ASST. SEC'TY PASQUALE J. DILEO 10-24-97 (201) 541-9393 SIGNATURE: Dayline Phone #											