

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 NOV 30 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000004011

1. Corporation Name

NORWEGIAN MARINE ELECTRONICS, INC.

Principal Place of Business

Mailing Address

C/O RONALD A. MARINI. ESQ.
2 S. BISCAYNE BLVD. STE 3580
MIAMI FL 33131

C/O RONALD A. MARINI. ESQ.
2 S. BISCAYNE BLVD. STE 3580
MIAMI FL 33131



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

NORWEGIAN MARINE ELECT. INC.

C/O TIM RYDER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210910 EAST ATLANTIC BLVD.

210910 EAST ATLANTIC BLVD.

City & State

City & State

POMPANO BEACH, FLORIDA

POMPANO BEACH, FLORIDA

Zip

Zip

33062

33062

Country

Country

USA

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1994

5. FEI Number

65-0470844

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)

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/P	RYDER, TIM	2696 E. ATLANTIC BLVD	POMPANO BEACH FL 33062

REINSTATEMENT

98

100002703451--0

-12/04/98--01078--005

***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARINI, RONALD A ESQ.
TWO SOUTH BISCAYNE BLVD
SUITE 3580
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

11-23-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

11-23-98

Date

954.943.1018

Daytime Phone #

CR2E040 (9/98)