

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 # P94000021375 (8)

1. Corporation Name

TURBINE POWER MARINE, INC.

Principal Place of Business

Mailing Address

19591 Bay F N.E. 10th Ave.  
No. Miami, FL 33179

~~19591 Bay F N.E. 10th Ave.~~  
~~No. Miami, FL 33179~~

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

01702

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

03/16/1994

5. FEI Number

65-0483137

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
Pres	Michel Meynard	763 Salem End Road	Framingham, MA 01702
Vice Pres	Celso L. Kiefer	763 Salem End Road	Framingham, MA 01702
Treas	Arlette Meynard	763 Salem End Road	Framingham, MA 01702
Secret	Dennis O'Connor	510 Boston Post Road, 2nd Flr	Weston, MA 02493

500002639155--2  
-09/15/98 010067019  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

EDWARD GWISDALLA  
Assistant Vice President

Date

8/20/98

REGISTERED AGENT MUST SIGN

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:

Michel Meynard, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Michel Meynard, President

08/24/98  
Date

508-820-7242  
Daytime Phone #

REINSTATEMENT 97-98

98 SEP -8 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**O.A.K. ASSOCIATES**  
510 BOSTON POST ROAD, 2ND FLOOR  
WESTON, MASSACHUSETTS 02493-1529 U.S.A.  
781-894-9208  
TELECOPIER: 781-894-9261

September 2, 1998

State of Florida  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: **Turbine Power Marine, Inc.**

Gentlemen:

Enclosed for filing is an Application for Reinstatement of **Turbine Power Marine, Inc.**, together with a check for \$908.75 to cover the reinstatement and Certificate of Status fees therefor. Would you kindly mail the Certificate of Status to the undersigned at the above address.

Thank you for your attention to this matter.

Very truly yours,



Sandra Antonellis  
Legal Assistant

Enclosures  
c: Mrs. Arlette Meynard, w/enclosure