

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

96 DEC 26 PM 2:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000004435**

1 Corporation Name

SHIP & SHORE SERVICES, INC.

Principal Place of Business

Mailing Address

1116 AVOCADO ISLE
FORT LAUDERDALE FL 33315

1116 AVOCADO ISLE
FORT LAUDERDALE FL 33315



REINSTATEMENT

abco

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.		01/18/1995	
City & State		City & State		5. FEI Number	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
P	AKERS, TIMOTHY R	1116 AVOCADO ISLE	FORT LAUDERDALE FL 33315

500002041105-9
-12/30/96--01041--005
****375.00 ****375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		Name ROBERT C. JENSEN, EA. Street Address (P.O. Box Number is Not Acceptable) 5979 N.W. 151 STREET Suite, Apt. #, Etc. SUITE 208 City MIAMI LAKES State FL Zip Code 33014	

CR25940 (7/96)

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 Robert C. Jensen Date 10/31/96

REGISTERED AGENT MUST SIGN

11. 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.)

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)(f), 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: Timothy R. Akers Date 10/31/96 Daytime Phone # 954-767-0878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR