

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT OF FLORIDA CORPORATION

DOCUMENT # **P95000005282**

1. Corporation Name
Marine Service Connection, Inc.

FILED

97 JUL 14 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**4701 95 St. N.
St. Petersburg, FL 33708**

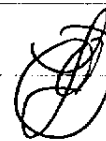
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 1/16/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3286215	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Jeffrey B. Beaulieu	4355 Holland Dr.	St. Pete Beach, FL 33706

300002239463--6
-07/16/97--01060--006
****365.00 ****365.00



8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Jeffrey B. Beaulieu	
Street Address (P.O. Box Number is Not Acceptable) 4701 95 St. N.	
Suite, Apt. #, Etc.	
City St. Petersburg	State Zip Code FL 33708

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 
REGISTERED AGENT MUST SIGN

Date **7/11/97**

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/11/97

(813) 381-4444

Daytime Phone #

CR20040 (12/96)

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MARINE SERVICE CONNECTION, INC.
4701 95 STREET N.
ST. PETERSBURG, FL 33708
TEL# (813) 391-3848
FAX# (813) 393-8536

July 11, 1997

Secretary of State
Division of Corporations
Reinstatement Division
The Capitol
Tallahassee, FL 32399-0250

RE: Marine Service Connection, Inc.

Dear Sirs,

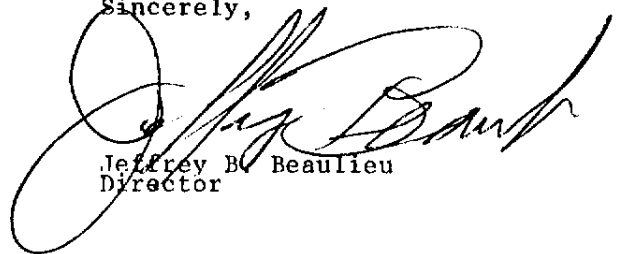
This will confirm my telephone conversation with Andy in the Reinstatement Division of the Divisions of Corporations on June 27, 1997. I had explained to him that my company never received any notices of requirement for annual dues, nor to file an annual report.

I am including herewith a reinstatement form for the years 1996 and 1997, and a check in the amount of \$365.00 and would request that the Division of Corporations please waive the additional penalty charges for not timely filing the fee.

When I spoke with Andy, he said that in the event of lack of notice and/or a clerical error, the Division does take into consideration these types of requests.

If the Division of Corporations will reinstate the corporation for the amount enclosed herein, kindly confirm in writing to this address that the corporation is in good standing.

Sincerely,



Jeffrey B. Beaulieu
Director