

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 23 PM 12: 59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000017822

1. Corporation Name

MARINE CASUALTY INVESTIGATIONS, INC.

Principal Place of Business

5705 AVENIDA REAL
PENSACOLA FL 32504

Mailing Address

AMATS NO. 12307
P.O. BOX 2430
PENSACOLA FL 32513-2430

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

03/03/1995

Suite, Apt. #, etc.

358D W. Nine Mile Road

Suite, Apt. #, etc.

Home Base # 12307

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32534

Country

USA

Zip

325

Country

USA

5. FEI Number

EIN 59-3304010

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)

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
1	2	3	4
P/S	E. BURT HARRIS	358D W. Nine Mile Road Pensacola FL 32534	
V/T	SHERRY K. HARRIS	358D W. Nine Mile Road Pensacola FL 32534	

800002038378--4
-12/26/96--01035--005
****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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

Deborah D. Skipper

REGISTERED AGENT MUST SIGN

Deborah D. Skipper, as its agent

Date 12/23/96

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 to 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 form 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

12/18/96

Daytime Phone #

800-
328-0754