#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

## **APPLICATION FOR** REINSTATEMENT



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

#### P95000017822 DOCUMENT #

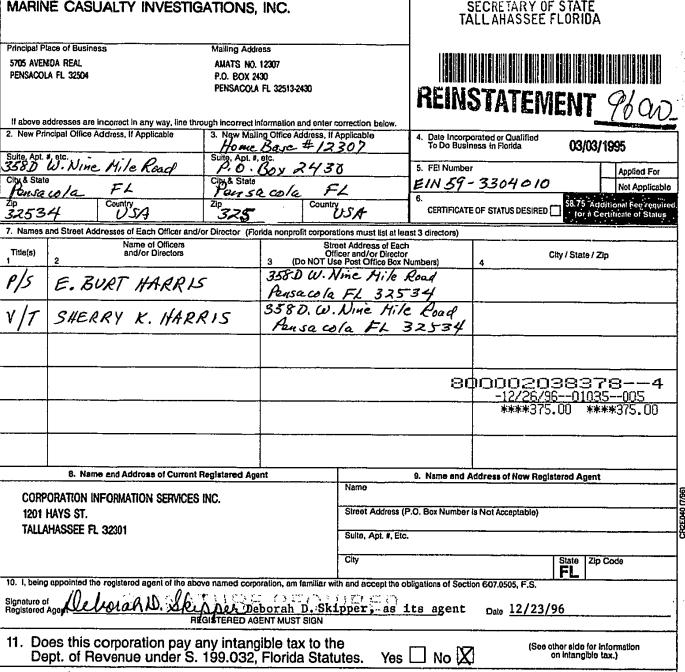
1. Corporation Name

MARINE CASUALTY INVESTIGATIONS, INC.

# FILED

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SECRETARY OF STATE
TALL AHASSEE FLORIDA



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 filling this restriction 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 application 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 is true and accurate, and my signature shall have the same legal effect as if made under eath.

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