

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 22 PM 2:45

DOCUMENT # **P 95 0000 18290**

1. Corporation Name

POSEIDON INTERNATIONAL SERV. INC

2. Principal Office Address

4770 BISCAYNE BLVD

Suite, Apt. #, etc.

680

City & State

MIAMI FLA

Zip

33137

Country

USA MIAMI/DADE

3. Mailing Office Address

4770 BISCAYNE BLVD

Suite, Apt. #, etc.

680

City & State

MIAMI FLA

Zip

33137

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

65-0649937

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES W. STROUP, P.A.

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

119 SE 12TH STREET

Suite, Apt. #, Etc.

City

FT. LAUDERDALE, FLA. 33316-1813

State

FL

Zip Code

33316-1813

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-30-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTSD CM	PETER K. LOBNIG	1541 BRICKELL AVE, 2403	MIAMI, FLA 33137
E	910.00 - Adm		
E	61.25 - AR		
E	88.15 - AR SUPP		
			AD

10. 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] PETER K. LOBNIG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

305576-9090

Daytime Phone #

CR2E081 (9/00)