

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 AUG -1 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95 0000 411 441

1. Corporation Name

**Brennan's
MARINE &
ELECTRICAL
CONTRACTING, INC.**

2. Principal Office Address

4812 PELICAN BLVD

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33914

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-95

5. FEI Number

65 0587621

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 P BRENNAN

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

4812 PELICAN BLVD

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33914

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]

Date **7-29-01**

REGISTERED AGENT MUST SIGN

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
PRES	JAMES P. Brennan	4812 PELICAN BLVD CAPE CORAL, FL, 33914	
DIR.	RICHARD RENNEY	982 PONDELLA RD.	N. FT. MYERS 33903
DIR.	BRUCE RENNEY	982 PONDELLA RD.	N. FT. MYERS 33903
SEC.	DIANE J. Brennan	4812 PELICAN BLVD	CAPE CORAL, FL 33914
TREAS.	JAMES P. Brennan II	" " "	300004549599--2 -08/23/01--01004--004 *****500.00 *****500.00

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]

JAMES BRENNAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-01

Date

(941) 540-5969

Daytime Phone #

CR2E081 (9/00)