

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000048315

Entity Name: NITE HAWK OFFSHORE, INC.

**FILED**  
**Aug 14, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

5885 DATIL PEPPER ROAD  
SAINT AUGUSTINE, FL 32086

**New Principal Place of Business:**

5875 DATIL PEPPER ROAD  
SAINT AUGUSTINE, FL 32086

**Current Mailing Address:**

PO BOX 3124  
SAINT AUGUSTINE, FL 32085 31

**New Mailing Address:**

PO BOX 3124  
SAINT AUGUSTINE, FL 32085

FEI Number: 59-3364210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RYNN, DON M  
5885 DATIL PEPPER ROAD  
SAINT AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

RYNN, DON M  
5865 DATIL PEPPER ROAD  
SAINT AUGUSTINE, FL 32086 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DON M. RYNN

08/14/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RYNN, DON M  
Address: 5865 DATIL PEPPER RD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP  
Name: RYNN, AARON M  
Address: 5865 DATIL PEPPER RD.  
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DON M. RYNN

PRES

08/14/2013

Electronic Signature of Signing Officer or Director

Date