

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 JAN -3 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000093091**

1. Corporation Name

**CJS MARINE MANAGEMENT CORP.**

Principal Place of Business

Mailing Address

1500 CORDOVA ROAD, SUITE 202  
FT. LAUDERDALE FL 33316

1500 CORDOVA ROAD, SUITE 202  
FT. LAUDERDALE FL 33316



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

12/07/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-062 7712

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	TOMASELLI, JOHN	1500 CORDOVA ROAD, SUITE 202	FT. LAUDERDALE FL 33316
p/t/d	STEBBINS, JAMES F.	1792 ROUTE 106	MUTTONTOWN, NY 11791
S/D	BRENNAN, LAWRENCE B.	176 CHRISTOL STREET	METUCHEN, NJ 08840
V/D	CYNTHIA STEBBINS	1792 ROUTE 106	MUTTONTOWN, NY 11791
av/at as/D	BERNADETTE SHEEHAN	58 GREENLAWN AVE.	SEACLIFF, NY 11579

**REINSTATEMENT** 1996

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOMASELLI, JOHN  
1500 CORDOVA ROAD, SUITE 202  
FT. LAUDERDALE FL 33316

Name	<i>A. Alan</i>
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	

700002051377-9  
-01/08/97 State File Code 014  
\*\*\*375.00 \*\*\*375.00

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

*John J. Tomasselli*  
REGISTERED AGENT MUST SIGN

Date January 2, 1997

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 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:

*Lawrence B. Brennan*  
LAWRENCE B. BRENNAN

JANUARY 2, 1997

(212) 732-4646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR02040 (7/96)