

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 96000002631

1. Corporation Name

ALBERTS MARINE SERVICE & TRANSPORT, INC.

2. Principal Office Address

735 RT.AIA UNIT 302
INDIALANTIC, FL. 32903
Suite, Apt. #, etc.

UNIT 302

City & State
INDIALANTIC, FL.

Zip
32903

Country
BREVARD

3. Mailing Office Address

PO BOX 636MELBOURNE FL. 32902

Suite, Apt. #, etc.

City & State
MELBOURNE, FL.

Zip
32902

Country
BREVARD

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

5. FEI Number
592735352

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

ALBERT J RUOCCO

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

735 RT.AIA UNIT 302

Suite, Apt. #, Etc.

UNIT 302

City

INDIALANTIC

State

FL

Zip Code

32903

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

REGISTERED AGENT MUST SIGN

Date

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
VPR. SEC.	ALBERT D RUOCCO	475 CRESENT ROAD	MELBOURNE, FL. 32901
PR. TR.	ALBERT J RUOCCO	735 RT.AIA UNIT 302	INDIALANTIC, FL. 32903

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:

ALBERT J RUOCCO, PR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/05

Date

321-704-9520

Daytime Phone #

FILED
05 DEC 16 PM 3:03
TALLAHASSEE, FLORIDA

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CR2E081 (8/05)

REINSTATEMENT 05

T. Roberts DEC 1 9 05

X Attachment X

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ALBERTS MARINE SERVICE
P.O. BOX 636
MELBOURN, FL 32901

Request taken by: tmmoore
11-22-2005

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

TO WHOM IT MAY CONCERN:

LAST YEAR WE SENT IN A-CHANGE OF ADDRESS FORM.

YOU MAINED OUR ANNUAL RENEWAL TO THE WRONG ADDRESS, YET OUR
NOTICE OF CANCELLATION WAS MAILED TO THE CHANGED ADDRESS, WHY?
I DO NOT FEEL WE SHOULD HAVE TO PAY FOR YOUR MISTAKE;
WE NEVER RECEIVED A 2005 RENEWAL, OR IT WAS MAILED TO THE OLD ADDRESS.
I FEEL THAT WE SHOULD ONLY HAVE TO PAY THE \$150.00 NOT THE COST
FOR REINSTATEMENT.
PLEASE LET ME KNOW IF YOU WILL ACCEPT THIS.

THANK YOU.

Alberts Marine Service