

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 75000

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000017050

1. Corporation Name

A.B.S. MARITIME SERVICES, INC.

Principal Place of Business

**30240 WATSON BLVD.
BIG PINE KEY FL 33043**

Mailing Address

**30240 WATSON BLVD.
BIG PINE KEY FL 33043**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 97

4. Date Incorporated or Qualified To Do Business in Florida

02/23/1996

5. FEI Number

65-0650812

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SWEET, ALAN S	30240 WATSON BLVD.	BIG PINE KEY FL 33043
			700002357387--9
			-11/26/97--01010--005
			****200.00 ****200.00
			700002357387--9
			-11/26/97--01010--006
			****550.00 ****550.00

8. Name and Address of Current Registered Agent

**SWEET, ALAN B
30240 WATSON BLVD.
BIG PINE KEY FL 33043**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 **ALAN BRUCE SWEET**
REGISTERED AGENT MUST SIGN

Date **11-14-97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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: **ALAN BRUCE SWEET**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-97
Date
516 669-5929
Daytime Phone #

CR2040 (8/97)