

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 AUG 21 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000019536

1. Corporation Name

SOUTHERN MARINE MAINTENANCE, INC.

Principal Place of Business

178 CAPTAINS CT  
TAVERNIER FL 33070

Mailing Address

178 CAPTAINS CT  
TAVERNIER FL 33070



REINSTATEMENT

99-00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/29/1996

5. FEI Number

65-0648502

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WILLIAMS, JOHN	178 CAPTAINS CT	TAVERNIER FL 33070
D	MCCULLOUGH, CONNIE	178 CAPTAINS CT	TAVERNIER FL 33070 700003384777-6 -09/07/00--01013--010 ****900.00 ****900.00
			LS

8. Name and Address of Current Registered Agent

WILLIAMS, JOHN  
178 CAPTAINS CT  
TAVERNIER FL 33070

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

8-16-2000

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P. Williams

8-16-2000

Date

Daytime Phone #

305 852 6363

CR2E040 (8/99)