

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000057087

1. Corporation Name

BONTEKOE NAVIGATION, INC.

Principal Place of Business

1398 BAYSHORE DRIVE  
TERRA CEIA FL 34250

Mailing Address

1398 BAYSHORE DRIVE  
TERRA CEIA FL 34250

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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/08/1996

5. FEI Number

59-3478174

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.	VAN BRENKELN, JAN	8311 PAT BOULEVARD	TAMPA FL 33612
D.	VAN BRENKELN, GILDA	8311 PAT BOULEVARD	TAMPA FL 33612

300002440549--1  
-02/25/98--01057--020  
\*\*\*1187.50 \*\*\*278.75

2-24-98

8. Name and Address of Current Registered Agent

KELLY, PETER J  
501 EAST KENNEDY BOULEVARD  
SUITE 1400  
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

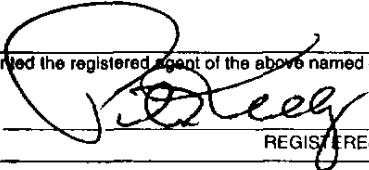
City

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



REGISTERED AGENT MUST SIGN

Date 2-19-98

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

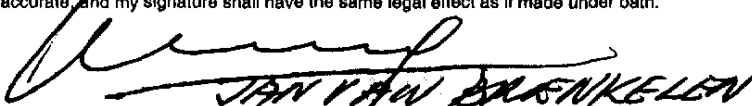
Yes ☐ No ☐

(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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

  
JAN VAN BREKENELN

Date

11-5-98

Daytime Phone #

243-8841

FILED

98 FEB 24 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

97-98

CR2E040 (8/97)