

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 26 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P970000040152

1. Corporation Name

Northup Navigation, Inc.

2. Principal Office Address

12189 US Hwy #1

Suite, Apt. #, etc.

Suite # 2

City & State

N Palm Beach, FL

Zip

33408

Country

Palm Bch

3. Mailing Office Address

12189 US Hwy #1

Suite, Apt. #, etc.

Suite # 2

City & State

North Palm Beach FL

Zip

33408

Country

Palm Bch

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

May 6, 1997

5. FEI Number

65-0757600

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

David J. Gratton

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

12189 US Hwy #1

Suite, Apt. #, Etc.

Suite # 2

City

N Palm Beach

State

FL

Zip Code

33408

400013145964

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/25/03

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
Pres	David J. Gratton	12189 US Hwy #1 Ste # 2 N Palm Beach, FL 33408	N Palm Beach FL 33408

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

2/25/03

Daytime Phone #

CR2E081 (10/02)