

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR 15 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000041067**

1. Corporation Name

CRANSHAW MARINE, INC.

2. Principal Office Address

3. Mailing Office Address

4200 N.E. 23 AVE.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LIGHTHOUSE PT., FL.

SAME

Zip

Country

Zip

Country

33064

BROWARD

SAME

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

5/5/97

5. FEI Number

65-0752775

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

TED M. CRANSHAW

400003181214-8

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

4200 N.E. 23 AVENUE

03/23/00 01019 007

******900.00 ****900.00**

Suite, Apt. #, Etc.

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064

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

Ted Cranshaw
REGISTERED AGENT MUST SIGN (EC)

Date **3/12/00**

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.	TED M. CRANSHAW	4200 N.E. 23 AVE.	LIGHTHOUSE PT., FL. 33064

REINSTATEMENT 99-001TS

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:

Ted Cranshaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
(EC)

3/12/00

Date

(954) 782-0831

Daytime Phone #