

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG -3 AM 9:37

**DOCUMENT #** P97000092713

**1. Corporation Name**

**TWIN STAR MARINE INDUSTRIES, INC.**

**2. Principal Office Address**

2809 Bird Avenue

Suite, Apt. #, etc.

Suite 171

City & State

Coconut Grove, Florida

Zip

33133

Country

**3. Mailing Office Address**

2809 Bird Avenue

Suite, Apt. #, etc.

Suite 171

City & State

Coconut Grove, Florida

Zip

33133

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0791594

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

**SPIEGEL & UTRERA, P.A.**

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

1840 Southwest 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

600004527616--3

-08/09/01--01074--026

\*\*\*\*\*150.00 \*\*\*\*\*150.00

600004527616--3

-08/09/01--01074--027

\*\*\*\*\*250.00 \*\*\*\*\*250.00

State

FL

Zip Code

33145

**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.**

**SPIEGEL & UTRERA, P.A.**

Signature of

Registered Agent By:

Date 8/1/01

**Natalia Utrera, Vice President** REGISTERED AGENT MUST SIGN

**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
PD	Nangle, James S.	2809 Bird Avenue	Coconut Grove, FL 33133
STD	Weihe, Bob	2809 Bird Avenue	Coconut Grove, FL 33133
			600004527616--3 -08/09/01--01074--028 *****50.00 *****50.00
			<b>REINSTATEMENT</b> 00-01
			<b>SP</b>

**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

Date

8/1/01

Daytime Phone #