

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JAN -9 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000000005

1. Corporation Name

BETTS MARINE SERVICES, INC.

Principal Place of Business

Mailing Address

1323 SE 17 STREET STE 406
FT LAUDERDALE FL 33316

1323 SE 17 STREET STE 406
FT LAUDERDALE FL 33316



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

REINSTATEMENT 01/02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1999

Suite, Apt. #, etc.

1323 SE 17 STREET PMB 406

Suite, Apt. #, etc.

1323 SE 17 ST, PMB 406

City & State

FT LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip

33316

Country

BROWARD

Zip

33316-1707

Country

BROWARD

5. FEI Number

65-0885915

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	4 City / State / Zip
D	BETTS, RICHARD	1323 SE 17 STREET STE 406	FT LAUDERDALE FL 33316
			200004789992--5 -01/22/02--01027--011, ****900.00 ****900.00

8. Name and Address of Current Registered Agent

BETTS, RICHARD
1323 SE 17 STREET STE 406
FT LAUDERDALE FL 33316

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

R.J. SOROKA

REGISTERED AGENT MUST SIGN

Date

1/7/2002

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:

R.J. SOROKA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/2002

Daytime Phone #

954-295-6299

CR2E040 (8/01)