

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 23 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000000299

1. Corporation Name

HASSELMAN MARITIME SERVICES, INC.

Principal Place of Business

Mailing Address

1111 CITRUS ISLE
FT LAUDERDALE FL 33315

1111 CITRUS ISLE
FT LAUDERDALE FL 33315

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

2. New Principal Office Address, If Applicable

1313 SW 8th Ave

Suite, Apt. #, etc.

FT. LAUDERDALE

City & State

FLORIDA

Zip 33315 Country USA

3. New Mailing Office Address, If Applicable

1313 SW 8th Ave

Suite, Apt. #, etc.

FT. LAUDERDALE

City & State

FLORIDA

Zip 33315 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1999

5. FEI Number

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HASSELMAN, DAVID W JR	1111 CITRUS ISLE	FT LAUDERDALE FL 33315
D	HASSELMAN, DAVID W. JR	1313 SW 8th Avenue	FT. LAUDERDALE FL 33315

8. Name and Address of Current Registered Agent

FIELDS, ALAN B
2191 PINE RIDGE ROAD
NAPLES FL 34106

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

Alan B Fields
REGISTERED AGENT MUST SIGN

Date

10/14/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/00

Daytime Phone #

CR2E040 (8/00)