

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAY 19 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200129775812  
05/19/08--01006--016 \*\*1808.75  
CR2E081 (12/07)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

Hasselman Maritime Services, Inc.

999000000299

2. Principal Office Address - No P.O. Box #

1610 Sea Shell Drive

Suite, Apt. #, etc.

3. Mailing Office Address

1610 Sea Shell Drive

Suite, Apt. #, etc.

City & State

Merritt Island, Florida

City & State

Merritt Island, Florida

Zip

32952

Country

United States

Zip

32953

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

October 23rd, 2000

5. FEI Number

☐ 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 W. Hasselman, Jr.

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

1610 Sea Shell Drive

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived. \$1200.00

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

*David W. Hasselman, Jr.*  
REGISTERED AGENT MUST SIGN

Date

May 14<sup>th</sup> 2008

**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
D Director	David W. Hasselman, Jr.	1610 Sea Shell Drive	Merritt Island, Florida, 32952

REINSTATEMENT

2001-08  
QSS

Refund  
\$600.00

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 contained in Chapter 119, 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:

*David W. Hasselman, Jr.*

David W. Hasselman, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 12<sup>th</sup> 2008  
May 12, 2008

Date

321-480-9555

Daytime Phone #