

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 AM 11:38

DOCUMENT # **P99000006074**

1. Corporation Name

SUPERIOR SHIP & YACHT REPAIR, INC.

Principal Place of Business

212 S.W. 30TH ST.
FT. LAUDERDALE FL 33315

Mailing Address

212 S.W. 30TH ST.
FT. LAUDERDALE FL 33315



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

REINSTATEMENT

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1999

5. FEI Number

65-0889464

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
PSTD	LAGMAN, ROBERT A	212 S.W. 30TH ST.	FT. LAUDERDALE FL 33315
			800003488158--3 12/05/00 01101-016 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

LAGMAN, ROBERT A
212 S.W. 30TH ST.
FT. LAUDERDALE FL 33315

9. Name and Address of New Registered Agent

Name
Robert LAGMAN
Street Address (P.O. Box Number is Not Acceptable)
3601 FARRAGUT ST
Suite, Apt. #, Etc.
City
Hollywood
State
FL
Zip Code
33321

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

Robert L. Lagan

REGISTERED AGENT MUST SIGN

Date

11/13/00

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:

Robert L. Lagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/00

Date

954-525-8752

Daytime Phone #

CR2040 (8/00)