

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **02**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200608972392
11/13/02--01069--008 **150.00

DOCUMENT # **P99000008283**

1. Corporation Name

ALT & ASSOCIATES MARINE DIVISION INC.

Principal Place of Business

**24623 NOVA LANE
PORT CHARLOTTE FL 33980
US**

Mailing Address

**24623 NOVA LANE
PORT CHARLOTTE FL 33980
US**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01/22/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0889921	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. -CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	TARTAGLIA, ANTHONY L JR.	24623 NOVA LANE	PORT CHARLOTTE FL 33980
CFO	TARTAGLIA, ANTHONY L JR.	24623 NOVA LANE	PORT CHARLOTTE FL 33980

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE RECEIVED
Brian Courtney
Asst. V. Pres.
REGISTERED AGENT MUST SIGN

Date

11-7-02

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 RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/02 **941 0927**
255-0440

CR2E040 (8/02)

11/11/02

To Division of Corporations
From ALT & ASSOCIATES Marine Div.

Please be advised that the original
form was mailed to the PREVIOUS
Address of 2107 Wyatt Circle
Punta Gorda FL 33980. Therefore
I was unable to file on time.

Thank you

Anthony J. Tartaglia

Did NOT receive any 2002 UBR
Forms from The Office and would
like late fees to waived.

