

Sent By: Steve Ketover, CPA PA;

954.961.7837;

Nov-19-01 3:06PM;

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000073221

1. Corporation Name

BECKER TIDEWATER, INC.

Principal Place of Business

Mailing Address

%STUART M. BECKER
3608 E. INDUSTRIAL WAY
RIVIERA BEACH, FL 33404

%STUART M. BECKER
21129 VIA SOLANO
BOCA RATON, FL 33433

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

08/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0941452

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	BECKER, STUART M	21129 VIA SOLANO	BOCA RATON, FL 33433

800004716728-5
-12/10/01--01080--023
****750.00 ****750.00

8. Name and Address of Current Registered Agent

BECKER, STUART M
21129 VIA SOLANO
BOCA RATON, FL 33433

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 607.0605, F.S.

Signature of
Registered Agent

Date

11/19/01

REGISTERED AGENT MUST SIGN

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(9)(f), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/01

Date

561-844-0434

Daytime Phone #

11/19/01

561-844-0434