PLEASE FILL OUT ALL QUESTIONS BEFORE COMPLETING THIS FORM. P.2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL -8 PM 2:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S 11815

1. Corporation Name
ARGONAUNT MARINE SERVICES, INC.
2698 SW 23 Avenue
Ft. Laud. Fl. 33312

Principal Place of Business / Mailing Address
2698 sw 23 Avenue
Ft. Laud., Fl. 33312

REINSTATEMENT

96-99 ar

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip / Country

3. New Mailing Address, If Applicable
2107 N.W. 5th avenue
Suite, Apt. #, etc
Wilton Manors, Fl 33311
City & State
Zip / Country
Broward

4. Date Incorporated or Qualified To Do Business in Florida
Nov 1990

5. FEI Number
65 0231521

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ SB 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	Kenneth Shake	2698 S.W. 23 Avenue	Ft. Laud. Fl 33312
	President		

500002233825--0
-07/09/97--01068--001
****915.00 ****915.00

8. Name and Address of Current Registered Agent
~~J.S. Sharrow~~
~~2107 N.W. 5th~~ Avenue
~~Wilton Manors, fl. 33311~~
Kenneth Shake
2001 S.W. 20th At.
Ft. Laud., Fl

9. Name and Address of New Registered Agent
Name
J.S. Sharrow
Street Address (P.O. Box Number is Not Acceptable)
2107 N.W. 5th Avenue
Suite, Apt. #, Etc.
Wilton Manors, Fl 33311
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
REGISTERED AGENT MUST SIGN
Date July 7 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒
(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 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., and that all fees owed by the corporation have been paid. 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: Kenneth Shake 7-7-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2L440 (12/95)

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65 0231521

Applied For
Not Applicable

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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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
	Kenneth Shake	2698 S.W. 23 Avenue Ft. Laud. Fl 33312	
	President		

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8. Name and Address of Current Registered Agent

~~J.S. Sharrow~~
~~2107 N.W. 5th~~ Avenue
~~Wilton Manors, fl. 33311~~
Kenneth Shake
2001 S.W. 20th At.
Ft. Laud., Fl

9. Name and Address of New Registered Agent

Name: J.S. Sharrow
Street Address (P.O. Box Number is Not Acceptable): 2107 N.W. 5th Avenue
Suite, Apt. #, Etc.: Wilton Manors, Fl 33311
City: State: FL Zip Code:

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Signature of Registered Agent: _____ Date: July 7 1997
REGISTERED AGENT MUST SIGN

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SIGNATURE: Kenneth M Shake 7-7-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #