


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>

**DOCUMENT # S34019**

1. Corporation Name

**AMERICAN MARINE CONSULTANTS, INC.**

Principal Place of Business

Mailing Address

1910 GULF SHORE BLVD. NORTH, #103  
NAPLES FL 34102  
US

1910 GULF SHORE BLVD. NORTH, #103  
NAPLES FL 34102  
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

02/26/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

34-1245415

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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
PD	FISHER, MICHAEL	1910 GULF SHORE BLVD. N. #103	NAPLES FL 33940

100004679121--5  
-11/14/01--01079--004  
\*\*\*\*750.00 \*\*\*\*750.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FISHER, MICHAEL  
1910 GULF SHORE BLVD NORTH, #103  
3003 NORTH TAMiami TRAIL, SUITE 270  
NAPLES FL 33940

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.

Signature of  
Registered Agent

*Michael Fisher*  
(REGISTERED AGENT MUST SIGN)

Date

10/18/01

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:

*Michael Fisher*  
MICHAEL FISHER

Date

10/18/01

Daytime Phone #

941-434 9080

CR2E040 (8/01)