

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **S39858**

1. Corporation Name

C & E MARINE INC.

Principal Place of Business

RT. 24, BOX 712
BALDWIN FL 32234

Mailing Address

RT. 24, BOX 712
BALDWIN FL 32234

If above addresses are incorrect in any way, file a change of address with the Department of State.

2. New Principal Office Address, If Applicable

5209 Yellowwater RD
Suite, Apt. #, etc.
Jacksonville FL.

3. New Mailing Office Address, If Applicable

5209 Yellowwater RD
Suite, Apt. #, etc.
Jacksonville FL.

Zip **32234**

Country **USA**

Zip **32234**

Country **USA**

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 (Do NOT Use Post Office Box Numbers)
P	WALKER, CHRISTOPHER	RT. 24, BOX 712
D	WALKER, CHRISTOPHER R.	ROUTE 24 BOX 712
T	POPPERT, JEAN	RTX. 24, BOX 712

8. Name and Address of Current Registered Agent

WALKER, CHRISTOPHER R.
5209 YELLOWWATER RD
RT. 24, BOX 712
BALDWIN FL 32234

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.

Signature of
Registered Agent

Christopher R. Walker
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Christopher R. Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher R. Walker

904 289-7763

File

Telephone Number

FILED

APR 13 PM 12:51

STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

98-990
4/13/99

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/1991

5. FEI Number

59-3056969

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR25040 (9/98)