

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 # **S48155**

1. Corporation Name

**PORT MARINE COMPANY, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 SEP 19 PM 4:02

Principal Place of Business

**3125 JOHN P CURCI DR  
HALLANDALE FL 33009  
US**

Mailing Address

**3125 JOHN P CURCI DR  
HALLANDALE FL 33009  
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

**04/26/1991**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0259775**

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)

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
<b>P</b>	<b>GOLDFARB CARL</b>	<b>5825 SW 88 AVE</b>	<b>COOPER CITY FL.</b>
<b>T</b>	<b>WEISBERG FRED</b>	<b>30 SPRUCE DR</b>	<b>E.HILLS NJ 11576</b>

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09/22/97--01119--001

\*\*\*923.75 \*\*\*923.75

**REINSTATEMENT**

96-97  
BUS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST  
SUITE 105  
TALLAHASSEE FL 32301**

Name

**Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)

**1201 Hays Street**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32301**

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

*Karen B. Rozar*

**Karen B. Rozar, As Its Agent**

Date

**9-17-97**

REGISTERED AGENT MUST SIGN

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*CARL GOLDFARB* **CARL GOLDFARB** 4/25/97 954-961-6880

Date

Daytime Phone #

CR20040 (7/96)