

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN 18 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 581939

1. Corporation Name

TRI - COUNTY MARINE  
CONTRACTOR OF FLORIDA, INC.

2. Principal Office Address

404 NE 38<sup>th</sup> STREET

Suite, Apt. #, etc.

3. Mailing Office Address

404 NE 38<sup>th</sup> St.

Suite, Apt. #, etc.

City &amp; State

OAKLAND PARK, FL

City &amp; State

OAKLAND PARK, FL

Zip 33334

Country US

Zip 33334

Country US

4. Date Incorporated or Qualified  
To Do Business in Florida

9-23-91

5. FEI Number

650296794

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

PAUL BICHLER

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

404 NE 38<sup>th</sup> Street

Suite, Apt. #, Etc.

City

Oakland Park

State  
FL

Zip Code

33334

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Paul M. Bickler

Date

6/16/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Paul BICHLER	404 NE 38 <sup>th</sup> Street	Oakland Park, FL 33334

10. 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:

Paul M. Bickler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/04

Date

(954) 630-2300

Daytime Phone #