

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 13 PM 6:19

DOCUMENT # **S83282**

1. Corporation Name

MARINE TECH SERVICES, INC.

Principal Place of Business

Mailing Address

150 TONEY PENNA DR
JUPITER FL 33458
US

150 TONEY PENNA DR
JUPITER FL 33458
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

09/26/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0317878

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	MCKEE, CRAIG D	408 Georgian Park Dr	Jupiter, FL 33458
V	JOURDIN, ADLAI	6688 Rivermill Club Dr	Lake Worth, FL 33463

000004703640-5
-12/04/01--01030--009
****150.00 ****150.00

11/9/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCKEE, CRAIG D

150 Toney Penna Drive Suite B
Jupiter, FL 33458

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

Craig McKee
REGISTERED AGENT MUST SIGN

Date

11-9-01

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:

Craig D. McKee
Craig D. McKee, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/01

Date

(561) 743-8400

Daytime Phone #

CR2E040 (8/01)



MARINE TECH SERVICES INC
UNDERWATER CONSTRUCTION

November 9, 2001

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Reinstatement

Dear Ms. Katherine Harris, Secretary of State

We received notice of Certificate of Administrative Dissolution or Revocation.

We did not receive the 2001 Corporation Annual Report/Uniform Business Report Form to acknowledge.

Respectfully, I ask for a waiver in the penalty fees, and I would like to submit a check in the amount of \$150 for reinstatement.

My apologies for any inconvenience this may have caused.

Thank you.

A handwritten signature in black ink, appearing to read 'Craig McKee', written over the printed name.

Craig D. McKee
President