

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
99 NOV 19 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V17327

1. Corporation Name

L. & G. SHIP SUPPLIES, INC.

Principal Place of Business

201 N. OCEAN BLVD., #1202
POMPANO BEACH FL 33062
US

Mailing Address

PO BOX 100782
FT LAUDERDALE FL 33310-0782
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/1992

5. FEI Number

65-0315164

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$575 FEE REQUIRED FOR
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
D	DAVID, HYWEL C.	777 S FEDERAL HWY #511 201 N. OCEAN BLVD. #1202	POMPANO BEACH FL 33062

000009063870--8
-12/07/99--01099--016
\$\$\$750.00 \$\$\$750.00

8. Name and Address of Current Registered Agent

DAVID, HYWEL C
777 S FEDERAL HWY #511 RP
STE 203
POMPANO BEACH FL 33316

9. Name and Address of New Registered Agent

Name
HYWEL C. DAVID
Street Address (P.O. Box Number is Not Acceptable)
201 N. OCEAN BLVD.
Suite, Apt. #, Etc.
#1202
City
POMPANO BEACH
State
FL
Zip Code
33062

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Hywel C. David

REQUIRED

REGISTERED AGENT MUST SIGN

Date 12 November 99.

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: xx

Hywel C. David

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

xx 12 November 99.

Daytime Phone #