

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT -3 AM 11:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V44925

1. Corporation Name

STUART MARINE ELECTRIC, INC.

300004628333--6
-10/09/01--01021--008
*****1958.75 ***1958.75**

2. Principal Office Address

2780 FAIRMONT ST.

Suite, Apt. #, etc.

3. Mailing Office Address

2780 FAIRMONT ST.

Suite, Apt. #, etc.

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-18-92

5. FEI Number

65-0342623

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

City & State

STUART, FL

City & State

STUART, FL.

Zip

34997

Country

USA

Zip

34997

Country

USA

7. Name and Address of Current Registered Agent

Name

STUART MUIR

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

2780 FAIRMONT ST.

Suite, Apt. #, Etc.

STUART, FL

City

STUART

State

FL

Zip Code

34994

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**

REGISTERED AGENT MUST SIGN

Date 10-02-01

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
D	STUART MUIR	2780 FAIRMONT ST.	STUART, FL 34994

REINSTATEMENT 93-01

muir

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)(l), 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:

STUART MUIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-02-01

Date

Daytime Phone #

CR2E081 (9/00)

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Stuart Marine Electric, Inc.

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☒ Dissolution / Withdrawal
- ☒ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☐ Photo Copy
- ☒ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

RECEIVED
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DIVISION OF CORPORATION

Signature

Requested by:

KC 10-3

Name

Date

Time

Walk-In

Will Pick Up