

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V44925**

1. Corporation Name

**STUART MARINE ELECTRIC, INC.**

Principal Place of Business

Mailing Address

2780 FAIRMONT ST.  
STUART FL 34997

2780 FAIRMONT ST.  
STUART FL 34997

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3470 SE Dixie Hwy  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3470 SE Dixie Hwy  
Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34997

Country

USA

Zip

34997

Country

USA

FILED

04 MAR -3 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

06/18/1992

5. FEI Number

65-0342623

Applied For

Not Applicable

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
<input checked="" type="checkbox"/> D	MUIR, STUART	<u>3470 SE Dixie Hwy</u>	<u>Stuart, FL, 34997</u>

400029817404  
03/03/04--01054--015 \*\*750.00

400029817404  
03/03/04--01054--016 \*\*150.00

8. Name and Address of Current Registered Agent

MUIR, STUART  
2780 FAIRMONT STREET.  
STUART FL 34994

9. Name and Address of New Registered Agent

Name

Muir, Stuart

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

3470 SE Dixie Hwy

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

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. or 617.0505, F.S.

Signature of  
Registered Agent

[Signature]

Date

2-24-04

REGISTERED AGENT MUST SIGN

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:

[Signature]

STUART MUIR

2-24-04

Date

772-283-3532

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR