

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1-2

APPLICATION
OF
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 OCT -2 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V46274**

1. Corporation Name

JAMES MARINE CORPORATION

Principal Place of Business

620 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

Mailing Address

620 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1992

5. FEI Number

65-0342850

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	WIRTZ, JAMES P	620 E. LAS OLAS BLVD.	FT. LAUDERDALE FL 33301

700001977407--7
-10/16/96--01086--012
****225.00 ****225.00

8/10/15

8. Name and Address of Current Registered Agent

WIRTZ, JAMES P
620 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

26 Sep 96.

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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)(b), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Sep 96 992-9444
Date Daytime Phone #

CR2040 (7/96)

26 Sep 96

2/2

Ms. TREVOR Brumblay:

Per our phone conversation
of yesterday, I am enclosing a
check for \$2500 for Doc # 1/46274.

This check was sent 6 Aug.
with Doc # H 56 200 but check
was never cashed.

Thanks for your help.

Sam West