

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 20 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

V66859

1. Corporation Name

Ocean Towing Corp.

REINSTATEMENT

2. Principal Office Address

400 Beach Rd

Suite, Apt. #, etc.

#155

City & State

Vero Beach Fl.

Zip

32963

Country

USA

3. Mailing Office Address

400 Beach Rd.

Suite, Apt. #, etc.

#155

City & State

Vero Beach Fl.

Zip

32963

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/24/92

5. FEI Number

65-0365-293

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert J. Weshe

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

400 Beach Rd.

Suite, Apt. #, Etc.

#155

City

Vero Beach

State

FL

Zip Code

32963

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

Robert J. Weshe
REGISTERED AGENT MUST SIGN

Date 3/12/03

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
Pres.	Robert J. Weshe	250 Ocean Rd. 1-c	Vero Beach, Fl. 32963
V.P.	William J. Weshe	1002 E.W. 10th St	Palm City, Fl. 34990
V.P.	John S. Weshe	2609 Cordova	Vero Beach, Fl. 32960
Sec.	Katherine Weshe	250 Ocean Rd. 1-c	Vero Beach, Fl. 32963
Trea.	Robert J. Weshe	250 Ocean Rd. 1-c	Vero Beach, Fl. 32963

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)(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:

Robert J. Weshe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/03 772-231-4200

Daytime Phone #

CR2E081 (10/02)