

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 MAR 11 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003073

1. Corporation Name

Marine Net, Inc.

800005108488--9

-03/14/02--01064--012

\*\*\*\*\*8.75 \*\*\*\*\*8.75

2. Principal Office Address

1205 Two Island Ct

Suite, Apt. #, etc.

#202

City & State

Mt. Pleasant, SC

Zip

29466

Country

USA

3. Mailing Office Address

1205 Two Island Ct

Suite, Apt. #, etc.

#202

City & State

Mt. Pleasant, SC

Zip

29466

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

5/26/2000

5. FEI Number

38-3186568

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

Nations Corp Registered Agents, Inc.

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

526 E. Park Ave

Suite, Apt. #, Etc.

City

Tallahassee,

State

FL

Zip Code

32301

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

Ed Hand Pres

Date

3/11/02

REGISTERED AGENT MUST SIGN

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
P/C	Samuel C. Boyle	1205 Two Island Ct #202	Mt. Pleasant, SC 29466

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:

Samuel C. Boyle

Samuel C. Boyle

Date

3/8/02

Daytime Phone #

843-972-2017

INC 855