1 of 2

08/23/2005 11:56 8502227615 CT CORP

AUG-23-2005 11:30 CT CORPORATION 4048886498

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 AUG 23 PM 1:14

REINSTATEMENT 03-05

DOCUMENT # F02000003459

1. Corporation Name
American Port Services, Inc. Inc.
P. O. Box 2198
Savannah, GA 31402-2198

2. Principal Office Address		3. Mailing Office Address	
198 Gulfstream Rd.		P. O. Box 193	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State: Garden City, GA		City & State: Savannah, GA	
Zip: 31408	Country: USA	Zip: 31402	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/05/02

5. FEI Number: 58-1871296 — 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: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation, State: FL Zip Code: 33324

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: [signature] JOAN BOLDEN ASSISTANT SECRETARY Date: 8/23/05

REGISTERED AGENT MUST SIGN

CR2E051 (01/05)

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
PD	George T. Powers	198 Gulfstream Rd.	Garden City, GA 31408
S	Andrew J. Powers	198 Gulfstream Rd.	Garden City, GA 31408
T	Joseph E. Powers	198 Gulfstream Rd.	Garden City, GA 31408

10. I certify that I am an officer or director of 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] George T. Powers 8/18/05 912-966-4878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 03/03/2005 C T System Online

TOTAL P.02

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

AMERICAN PORT SERVICES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,058.75