

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 APR -6 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-01

CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F36072
1. Corporation Name
Anclote Marine Supply Inc
DBA Sigma Marine

2. Principal Office Address - No P.O. Box #
3 Oscar Hill Rd
Suite, Apt. #, etc.

3. Mailing Office Address
same
Suite, Apt. #, etc.

City & State
Tarpon Springs Florida

City & State
Florida

Zip
34689 Country
U.S.A.

Zip
34689 Country
U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
1981

5. FEI Number
59-2095700 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
Sharon Schuster

Street Address (P.O. Box Number is Not Acceptable)
3710 Elmwood Dr.

Suite, Apt. #, Etc.

City
Holiday State
FL Zip Code
34691

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
Sharon Schuster Date
4-1-07
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
Pr.	William Schuster	3724 Spring Valley Dr.	New Port Richey Fl
VP	Roger Schuster	3710 Elmwood Dr	Holiday Fl 34691
Sec	Jodi Schuster	3724 Spring Valley Dr	New Port Richey Fl
Treas.	Sharon Schuster	3710 Elmwood Dr	Holiday Fl 34691

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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 contained in Chapter 119, 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: Sharon Schuster Sharon Schuster Date
4-1-07 Daytime Phone #
127-389-3870

4/10
aw