

REINSTATEMENT *2000*

FILED

00 DEC 22 PM 12:24 *RF*

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000002617

1. Entity Name
LOOKING GLASS MARINE, L.C.

Principal Place of Business Mailing Address
 140 19TH ROAD, LOT #1 140 19TH ROAD, LOT #1
 WEST POINT NE 68788 WEST POINT NE 68788

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
58-2426272 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMAS, JOHN H ESQ.
 BRICKELL BAYVIEW CENTRE
 80 SW EIGHTH STREET, SUITE 2809
 MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW! FEE IS \$500
 Make this payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURBINE POWER SYSTEMS, INC. 140 19TH ROAD, LOT #1 WEST POINT NE 68788 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENGINEERING PHYSICS CORP. 11934 CYPRESS WOOD HOUSTON TX 77070 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	800003524598--6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	-01/05/01--0000--00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	800003524598--6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	-01/05/01--01025--008	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	*****5.00 *****5.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

Engineering Physics Corp.

SIGNATURE: *REX EVANS* Date: **19/DEC/2000** Daytime Phone #: **713-439-7435**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER