

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 OCT 18 AM 10:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M46632

1. Corporation Name

ISLAND MARINE REPAIR, INC.

Principal Place of Business

Mailing Address

106 MARINA AVE KEY LARGO FL 33037

106 MARINA AVE KEY LARGO FL 33037

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



8/08/00 90024/012 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida 02/13/1987
5. FEI Number 59-2815422 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: D, INGOLD, GLENN, 106 MARINA AVE, KEY LARGO FL.

900003456029--3 -11/07/00--01118--002 \*\*\*\*600.00 \*\*\*\*600.00

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INGOLD, GLENN 106 MARINA AVE KEY LARGO FL 33037

Name, Street Address (P.O. Box Number is Not Acceptable), Suite, Apt. #, Etc., City, State (FL), Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN

Date OCT 16, 2000

11. 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: GLENN D. INGOLD OCT 16, 2000 305-451-3673

CR2E040 (8/00)