

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
 B. Mor  
 Secretary of State  
 DIVISION OF CORPORATIONS

**N37855**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

97 OCT -3 PM 3: 04

DOCUMENT # N37855

1. Corporation Name  
 MBE CONSTRUCTION & MARINE INSTITUTE, INC.

Principal Place of Business Mailing Address  
 P.O. Box 265279 P.O. Box 265279  
 Daytona Beach, FL 32118-5279 Daytona Beach, FL 32118-5279

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 4/25/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3009908	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Melyssa L. Conn	360 Brimfield Court	Port Orange, Florida 32119
D	Walter L. Kubin	475 Hammock Lane	Ormond Beach, Florida 32176
D	Terrence R. Sicilia	4 Palm Drive	Ormond Beach, Florida 32176
100002313091--6 <del>10/06/97-01157-002</del> ****297.50 ****297.50			

**REINSTATEMENT** 96-97 kwon

8. Name and Address of Current Registered Agent Terrence R. Sicilia 4 Palm Drive Ormond Beach, FL 32176		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	
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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 30 Sept 97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

By: Terrence R. Sicilia, Executive Director

SIGNATURE: \_\_\_\_\_ Date 30 Sept 97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2040 (12/95)