

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 10/06/97-01157-002 *****297.50 *****297.50			
REINSTATEMENT <i>96-97 kwon</i>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Terrence R. Sicilia
 4 Palm Drive
 Ormond Beach, FL 32176

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 _____ Date 30 Sept 97
 REGISTERED AGENT MUST SIGN

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)