

APPROVED  
AND  
FILED


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 APR 26 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500005554735--5  
-05/16/02--01036--023  
\*\*\*\*150.00 \*\*\*\*150.00

**CORPORATION REINSTATEMENT**



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

DOCUMENT # 0000000-94102

1. Corporation Name  
HOPKIN MARITIME, INC

2. Principal Office Address <u>1442 NE 55<sup>th</sup> ST</u>		3. Mailing Office Address <u>757 SE 17<sup>th</sup> ST</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>PMB 177</u>	
City & State <u>FT LAUDERDALE FL</u>		City & State <u>FT LAUDERDALE FL</u>	
Zip <u>33314</u>	Country	Zip <u>33316</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida 9/25/00

5. FEI Number 65-1043124 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  
DON HOPKIN

Street Address (P.O. Box Number is Not Acceptable)  
757 SE 17<sup>th</sup> ST PMB 177

Suite, Apt. #, Etc.  
FI

City  
FT LAUDERDALE FL

State FL Zip Code 33316

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 \_\_\_\_\_ Date \_\_\_\_\_

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
<u>PRES</u>	<u>DON HOPKIN</u>	<u>757 SE 17<sup>th</sup> ST #177</u>	<u>FT LAUDERDALE FL 33316</u>

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 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: [Signature] 4/22/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)