PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		••		en a resta		
PORATION STATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # 285568 1. Corporation Name St. Marks Marina, Inc.						
			SIZIME	TATEMENT	69-06	
Principal Office Address 3. Mailing Office Address		CLESCO COS	ը նաևորություն ու բացո	0		
			CR2E084 (12/05)			
			ORELOOT (1200)			
					1964	
City & State City & State				ass in Fiorica 10-01-	1501	
St. Marks, FL Crawf		ille, FL		_1094647	Applied For Not Applicable	
Country	Zip	Country		,		
5 USA	32327	USA	CERTIFICATE (OF STATUS DESIRED S8.75 Add for a Ce	itional Fee required rtificate of Status	
7. Name and Address of Current Registered Agent						
Name Frances Casey Lowe						
Street Address (P.O. Box Number is Not Acceptable)						
3119-B Crawfordville Highway						
Suite, Apt. #, Etc.						
Clty				State Zip Code 3 2 3 2 7		
Signature of Registered Agent Date 11/2/06 REGISTERED AGENT MUST SIGN						
and Street Addresses of Each Officer on	dias Diseator (Clarkia pages	ofit corporations must list at le	aget 3 directors)	•		
Name of						
Officers and/or Directors		Officer and/or Director		City / State / Zip		
P Derrell E. Lynn		P.O. Box 87		St. Marks, FL	32355	
VP M. Anderson Lynn		67 Savannah Road		Crawfordville,	FL 32327	
S John T. Lynn		406 Oakwood Trail		Crawfordville,	FL 3232	
C. Allen Lynn		165 Deepwood Drive		Crawfordville,	FL 3232	
		100081493031 11/03/0601018010 **3033.75				
		100081493031				
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 filling 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 contained in Chapter 119, 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. John T. Lyww Signature Signature						
	MENT # 285568 In MENT # 285568 In Marks Marina Office Address Lynn Circle Tetc. Marks, FL Country USA Name Frances Cas Street Address (P.O. Box Number is National Street Address (P.O. Box Nu	Secretar DIVISION OF COMMENT # 285568 OMENT # 285568 ON Name St. Marks Marina, Inc. Office Address Lynn Circle # 406 Oakwood etc. City & State Crawfordvi USA Zip 32327 7. Name and American Acceptable Street Address (P.O. Box Number is Not Acceptable) 3119-B Crawfordville His Sulte, Apt. #, Etc. City Crawfordville appointed the registered agent of the above named corporation, am Agent Addresses of Each Officer and/or Director (Florida nonproficers and/or Directors Derrell E. Lynn P.O. M. Anderson Lynn 40 C. Allen Lynn 167 Total I am an officer or director or the receiver or trustee empowered application have been paid and the names of individuals listed application is true and accurate, and my signature shall have the sar	Secretary of State DIVISION OF CORPORATIONS MENT # 285568 On Name St. Marks Marina, Inc. Office Address Lynn Circle 406 Oakwood Trail Sulle, Apl. #, etc. City & State Crawfordville, FL Country 12p USA 32327 Country USA 7. Name and Address of Current Registe Frances Casey Lowe Street Address of Country 19c 19	SECRETARY OF STATE DIVISION OF CORPORATIONS OF NO MENT# 285568 on Name St. Marks Marina, Inc. 3. Mailing Office Address 406 Oakwood Trail City & State Lynn Circle Suite, Apt. #, etc. City & State Crawfordville, FL County 50 USA 7. Name and Address of Current Registered Agent Name Frances Casey Lowe Street Address (P.O. Box Number is Not Acceptable) 3119-B Crawfordville Highway Suite, Apt. #, Etc. City Crawfordville appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section Agent REGISTERED AGENT MUST SIGN and Street Addresses of Each Officer and/or Director (Fords nonprofit corporations must list at least 3 directors) M. Anderson Lynn C. Allen Lynn C. Allen Lynn 165 Deepwood Drive 110 11703. Athall am an officer or director or the receiver or trustee empowered to execute this application as provided for in chap restatement application, the reason for dissolution has been elliminated, the corporate name satisfies the requirements application, the reason for dissolution has been elliminated, the corporate name satisfies the requirements application is true and sucception, and my significant shade the same legical direct as if made under oath. Turket Harm. Secretary USA 106 No.	FORTATION STATE Secretary of State DIVISION OF CORPORATIONS MENT # 285568 Office Address Lynn Circle 3. Mailing Office Address 40.6 Oakwood Trail CR26081 (1205) MINE 285568 3. Mailing Office Address 40.6 Oakwood Trail CR26081 (1205) MINE 285568 3. Mailing Office Address 40.6 Oakwood Trail CR26081 (1205) MINE 29	