

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 NOV -1 PM 2:26

DOCUMENT # **584109**

1. Corporation Name  
**MARINE & MERCANTILE ENTERPRISES, INC.**

Principal Place of Business Mailing Address

2965 WESTBROOK WESTON FL 33332-1842 US  
 2965 WESTBROOK WESTON FL 33332-1842 US



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

2. New Principal Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida **08/03/1978**

5. FEI Number **59-1887783**  
 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	GAVIRIA, MARCO E	2965 WESTBROOK	WESTON FL 33332
VPAS	GAVIRIA, JENNIFER M	2965 WESTBROOK	WESTON FL 33332

200004693302--9  
 11/26/01-01093-013  
 \*\*\*\*750.00 \*\*\*\*750.00

11/1/01

8. Name and Address of Current Registered Agent

MARIN, RAYMOND F.  
 16100 NE 16TH AVE, STE B  
 NORTH MIAMI BEACH, FL. FL 33162

9. Name and Address of New Registered Agent

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

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 *[Signature]* Date **11/01/01**

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: *[Signature]* Date **11/01/01**

CRE040 (6/01)