

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED  
 02 JUL 24 AM 11:26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 654406  
 1. Corporation Name  
 MARKER 63 INTRACOASTAL USEPPA PROPERTY, INC.

**REINSTATEMENT**

01-02

2. Principal Office Address P.O. BOX 640 Suite, Apt. #, etc.		3. Mailing Office Address P.O. BOX 640 Suite, Apt. #, etc.	
City & State <del>BOKEELIA, FL</del>		City & State <del>BOKEELIA, FL</del>	
Zip 33922	Country USA	Zip 33922	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/31/1980	
5. FEI Number 59 1997791	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name TIMOTHY G. FITZSIMMONS		
Street Address (P.O. Box Number is Not Acceptable) 95 GREEN DOLPHIN DR.		700006847567-5 -08/01/02--01020-005 ****900.00 ****00.00
Suite, Apt. #, Etc.		
City CAPE HAZE, FL	State FL	Zip Code 33946

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 *Timothy Fitzsimmons* Date 7/2/02  
 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
D P	GARFIELD BECKSTEAD	7092 PLACIDA RD	CAPE HAZE, FL 33946
V S	TIMOTHY G. FITZSIMMONS	95 GREEN DOLPHIN DR.	CAPE HAZE, FL 33946

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: *Timothy Fitzsimmons* Date 7/2/02 Daytime Phone # 941-697-1445  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E08T (9/01)

BB