

FOUWUCCS37

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

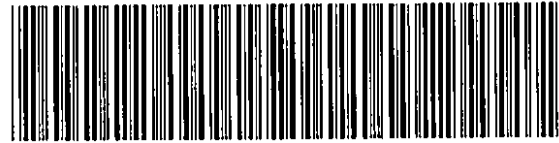
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAR 31 PM 2:13
PROPERTY OFFICE
TALLAHASSEE
FLORIDA
2023 MAR 31 PM 3:30

MAR 31 2023

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: FLYING FISH FLIGHT SCHOOL, INC

Name of Corporation

DOCUMENT NUMBER: F00000000837

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David B Lange

Name of Contact Person

Firm/Company

81954 Overseas Highway

Address

Islamorada Florida 33036

City/State and Zip Code

brad@sevensports.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David B Lange

at (305) 3933883

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☒ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 MAR 31 PM 3: 3'

100000000837

1. FLYING FISH FLIGHT SCHOOL, INC

2. Delaware

3 02/15/2000

(Date authorized to do business in Florida)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 02/02/2023

5. MORADA MARINE, INC

Alternate Name FLYING FISH, INC

5. (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

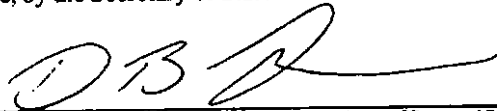
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

David Bradley Lange

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35.00

2023 MAR 31 PM 3:31

STATE OF DELAWARE
CERTIFICATE FOR REVIVAL OF CHARTER

The corporation organized under the laws of the State of Delaware, the charter of which was voided for non-payment of taxes and/or for failure to file a complete annual report, now desires to procure a revival of its charter pursuant to Section 312 of the General Corporation Law of the State of Delaware, and hereby certifies as follows:

1. The name of the corporation is MORADA MARINE, INC.

and, if different, the name under which the corporation was originally incorporated FLYING FISH, INC.
2. The Registered Office of the corporation in the State of Delaware is located at 251 Little Falls Drive (street),
in the City of Wilmington, County of New Castle
Zip Code 19808. The name of the Registered Agent at such address upon
whom process against this Corporation may be served is Corporation Service Company
3. The date of filing of the Corporation's original Certificate of Incorporation in Delaware was 08-25-1999
4. The corporation desiring to be revived and so reviving its certificate of incorporation was organized under the laws of this State.
5. The corporation was duly organized and carried on the business authorized by its charter until the 1st day of March A.D. 2022, at which time its charter became inoperative and void for non-payment of taxes and/or failure to file a complete annual report and the certificate for revival is filed by authority of the duly elected directors of the corporation in accordance with the laws of the State of Delaware.

By: /s/ DAVID B LANGE
Authorized Officer

Name: DAVID B LANGE
Print or Type

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF REVIVAL OF "FLYING FISH, INC.",
CHANGING ITS NAME FROM "FLYING FISH, INC." TO "MORADA MARINE,
INC.", FILED IN THIS OFFICE ON THE SECOND DAY OF FEBRUARY, A.D.
2023, AT 10:08 O'CLOCK A.M.



3087518 8100
SR# 20230345983

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202635216
Date: 02-02-23