

Feb 23 2004 11:31AM

No. 9973 P. 2

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 23 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000004878

1. Corporation Name
PAX MARINE INTERNATIONAL (CAYMAN) CO.

2. Principal Office Address Scotia Bank Building Bulle, Apt. #, etc. #1 City & State Grand Cayman, Cayman Islands Zip Country _____ BWI		3. Mailing Office Address c/o Stuart J. Haft, Esq. Suite, Apt. #, etc. 321 Royal Poinciana Plaza City & State Palm Beach, FL Zip Country 33480 USA	
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4. Date Incorporated or Qualified To Do Business in Florida **8/30/2000**

5. FEI Number **98-0230222**

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

B-04

7. Name and Address of Current Registered Agent

Name
Stuart J. Haft, Esq.

Street Address (P.O. Box Number is Not Acceptable)
321 Royal Poinciana Plaza

Suite, Apt. #, Etc.

City
Palm Beach

State FL	Zip Code 33480
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REINSTATEMENT

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 **2/15/2004**

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
PSD	Lowell W. Paxson	601 Clearwater Park Road	West Palm Beach, FL 33401

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:  Date **02/12/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT
PAX MARINE INTERNATIONAL (CAYMAN) CO.

Certificate of Status	0
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