

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JAN -4 PM 12:27

DOCUMENT # F01000000548

1. Corporation Name

Marine Hardware, Inc.

900189427159
01/04/11--01049--003 **908.75

2. Principal Office Address - No P.O. Box #

14560 NE 91st Ct

3. Mailing Office Address

P.O. Box 3099

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E081 (6/10)

City & State

Redmond, WA

City & State

Redmond, WA

Zip

980526553

Country

USA

Zip

980733099

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/26/2001

5. FEI Number

91-1152032

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Matthew Anthony Brown

Street Address (P.O. Box Number is Not Acceptable)

5 Aviator Way

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32174

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

Matthew A. Brown Matthew A. Brown.

Date 12/24/2010

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
P	John F. Pugh	14560 NE 91st Ct	Redmond, WA 98052

B 1/6/11
REINSTATEMENT 09-10

10. E-mail Address: taustin@nwtaxlaw.com

(To be used for future annual report notification)

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. I further certify, 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:

Taustin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/10 (425) 883-0651
Date Daytime Phone #