

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000003226	
1. Entity Name MARITIME ASSOCIATES INTERNATIONAL, INC.	



FILED

06 OCT 23 AM 11:37

CLERK OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3832-010 BAYMEADOWS ROAD, #407 JACKSONVILLE, FL 32217	Mailing Address 3832-010 BAYMEADOWS ROAD, #407 JACKSONVILLE, FL 32217
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2. Principal Place of Business 4076 Mizner Ct Suite, Apt. #, etc.	3. Mailing Address 3832-010 Baymeadows Rd Suite, Apt. #, etc. #407
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10132006 REIN-P CR2E098 (11/05) 06

City & State Jacksonville, FL	City & State Jacksonville FL
Zip 32217	Zip 32217
Country USA	Country USA

4. FEI Number 41-2090532	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <i>Lisa Bryant</i>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COPE, MICHAEL 434 ELM ROAD TORONTO, ONTARIO, M5M 3W7 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600081124056 10/23/06--01062--005 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COPE, EDWARD J 4076 MIZNER COURT JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>for 10/26</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRYANT, LISA A 4076 MIZNER COURT JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Lisa Bryant</i>	10/12/06	904 739-0851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #