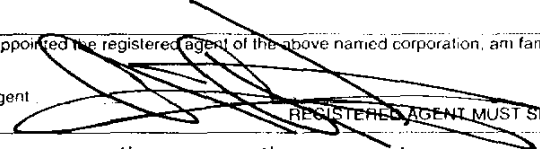
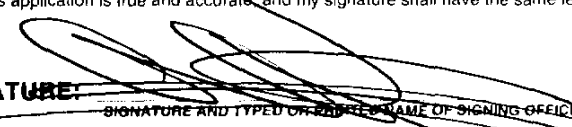


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F05387		FILED 99 FEB 24 PM 2:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name McINTOSH MARINE, INC.			
Principal Place of Business P O Box 6404 HALIBUT COVE, AK 99603-6404		Mailing Address SAME	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip		Zip	
Country		Country	
		4. Date Incorporated or Qualified To Do Business in Florida 11/13/80	
		5. FEI Number 59-2054373	
		Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	GREGORY MCINTOSH	P O Box 6404	HALIBUT COVE, AK 99603
SEC	ARIE TAYKAN	7880 N. UNIVERSITY DR. #201	TAMARAC, FL 33321
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ARIE A. TAYKAN 7880 N. UNIVERSITY DR. #201 TAMARAC, FL 33321		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City State FL Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.		Date 2/23/99	
Signature of Registered Agent  REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)	
12. 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/23/99 Daytime Phone # 954-722-9250	

CR2E031 (12/98)