

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED

2007 APR -6 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-01

CR2E081 (1/07)

DOCUMENT # F36072  
1. Corporation Name  
Anclote Marine Supply Inc  
DBA Sigma Marine

2. Principal Office Address - No P.O. Box # 3 Oscar Hill Rd		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tarpon Springs Florida		City & State Florida	
Zip 34689	Country U.S.A.	Zip 34689	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 1981	
5. FEI Number 59-2095700	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Sharon Schuster	
Street Address (P.O. Box Number is Not Acceptable) 3710 Elmwood Dr.	
Suite, Apt. #, Etc.	
City Holiday	State FL
Zip Code 34691	

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Sharon Schuster Date 4-1-07

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
Pr.	William Schuster	3724 Spring Valley Dr.	New Port Richey Fl
VP	Roger Schuster	3710 Elmwood Dr	Holiday Fl 34691
Sec	Jodi Schuster	3724 Spring Valley Dr	New Port Richey Fl
Treas.	Sharon Schuster	3710 Elmwood Dr	Holiday Fl 34691

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 contained in Chapter 119, 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: Sharon Schuster Sharon Schuster 4-1-07 389-3870

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

4/10  
aw