

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB -3 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **59646**

1. Corporation Name

Marker Marine, Inc.

2. Principal Office Address

5200 North Ocean Dr.

Suite, Apt. #, etc.

#604

City & State

Singer Island, FL

Zip

33404

Country

USA

3. Mailing Office Address

5200 North Ocean Drive

Suite, Apt. #, etc.

#604

City & State

Singer Island, FL

Zip

33404

Country

USA

REINSTATEMENT 01-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0028578

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

Ralph J. DeLeo

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

5200 North Ocean Drive

Suite, Apt. #, Etc.

#604

City

Singer Island

State

FL

Zip Code

33404

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

Ralph J. DeLeo

REGISTERED AGENT MUST SIGN

Date

1-22-04

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
DS	Ralph J. DeLeo	5200 North Ocean Drive	Singer Island, FL 33404
DP	Louis A. Lestorti, Jr.	112 Lakeshore Drive	North Palm Beach, FL
			33408

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:

Ralph J. DeLeo

Ralph J. DeLeo

Date

1-22-04

Daytime Phone #

CR2E081 (10/02)