FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003841

1. Corporation Name
MARINE CONSULTANTS CORP. of Delaware

2. Principal Office Address	3. Mailing Office Address
32 EAST SNAPPER POINT DR.	24 DOCKSIDE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SUITE 490
City & State	City & State
KEY LARGO FL	KEY LARGO, FL
Zip / Country	Zip / Country
33037 / USA	33037 / USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 7-29-96

5. FEI Number 510371616 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: PLANTATION | State: FL | Zip Code: 33324

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: Sohan Dindyal — Sohan R. Dindyal, Assistant Secretary — Date: 11/21/06
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
PRES.	EVEN P. JOHANSEN	32 EAST SNAPPER POINT DR.	KEY LARGO, FL 33037
SEC	RANDLE CARPENTER	24 HAZEL LANE	LARCHMONT NY 10538
			11/27/06
		REINSTATEMENT	00-06

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: Randle Carpenter — RANDLE CARPENTER — 11-13-06 — 914-834-1662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 01/04/2006 CT System Online

PAGE 2 of 2

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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CORPORATION REINSTATEMENT

MARINE CONSULTANTS CORP. OF DELAWARE

Certificate of Status	0
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