

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -1 AM 10:45

DOCUMENT # **F98000006981**

1. Corporation Name

MABEY BRIDGE & SHORE, INC.

Principal Place of Business

Mailing Address

6770 DORSEY ROAD
BALTIMORE MD 21075

6770 DORSEY ROAD
BALTIMORE MD 21075

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-1635317

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$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	4 City / State / Zip
PC	FIELDS, IAN R MD	6770 DORSEY ROAD	BALTIMORE MD 21075
ST	BUCKOWSKI, ROBERT J	6770 DORSEY ROAD	BALTIMORE MD 21075
D	FORSYTH, CHARLES	6770 DORSEY ROAD	BALTIMORE MD 21075
D	LUKE, MICHAEL	6770 DORSEY ROAD	BALTIMORE MD 21075
			400003471884--7 -11/21/00--01024--015 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSS, CHARLES W
200 CENTRAL AVENUE, SUITE 1600
ST. PETERSBURG FL 33701

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.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/30/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 27, 2000

Date

410-379-2800

Daytime Phone #

Robert Buczkowski, CFO, SECRETARY/TREASURER

CR32040 (8/00)