

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 18 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000003976

1. Corporation Name

SOUTHLAND MARINE, INC.

W07 0000/2/80

2. Principal Office Address - No P.O. Box #

4308 SE COVE LAKE CIRCLE

Suite, Apt. #, etc.

#208

City & State

STUART, FL

Zip

Country

34997

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

400102361034
08/15/07--01001--024 **1050.00

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida

7/29/1999

5. FEI Number

59-3574375

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

BILLY R. GILL

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

4308 SE COVE LAKE CIRCLE

Suite, Apt. #, Etc.

#208

City

STUART

State
FL

Zip Code
34997

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

Billy R. Gill

REGISTERED AGENT MUST SIGN

Date

3/3/07

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
PCD	BILLY R. GILL	4308 SE COVE LAKE CIRCLE #208	STUART, FL 34997
VSD	BRIAN MARICH	5764 ASHTON LAKE DR. % SUNSET HOUSE	SARASOTA, FL 34231
TD	ADRIEN BRIGGS	SOUTH SOUND RD.	GEORGETOWN, GRAND CAYMAN, B.L.H.I.
REINSTATEMENT 05-07			

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:

Billy R. Gill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/07

Date

772-288-6373

Daytime Phone #