## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SIGNATURE:

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	PLICATION FOR STÄTEMENT		A DEPARTMEN  Katherine Hai  Secretary of Si  VISION OF CORPOR	rris tate		APPRO AN FILI	ID.
DOCUMENT # <b>F9900006504</b> 1. Corporation Name						01 NOV -8 SECRETARY	te
HORNBLOWER MARINE SERVICES, INC.						TALLAHASSE	E. FLORIDA
Principal Pla	ace of Business	ress					
PIER 3  SAN FRANCISCO CA 94111  SAN FRANCISCO CA 94111			CISCO-CA-94111	Ļ			
If above ac	ddresses are incorrect in any way, I	nonnation and enter correction below.		HEINS	TATEME	NT 2001	
2. New Prin	ncipal Office Address, If Applicable Market St. New A	ng Office Address, If Applicable 4. Dat To etc.		To Do Busin	orated or Qualified ess in Florida	12/16/1999	
City & State New Albany, IN City & State New Albany, IN New			<u>/ \                               </u>			94-3014623	Applied For  Not Applicable
Zip 41	150 Country US	<sup>Zip</sup> 47	150 Country	y U.S		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)							
Title(s).	Name of Office and/or Directo			eet Address of Each ficer and/or Director		4 C	ity / State / Zip
С	MACRAE, TERRY	FERRYBOAT SANTA ROSA, PIER 3			SAN FRANCISCO CA 94111		
Р	WAGGONER, JOHN	MERS- 115 E. Market St.			SAN FRANCISCO CA SHITT New Albany, IN 47150		
V	SEABROOK, GARY	4610 OCEAN ST.			MAYPORT FL 32233		
					70	1000470 -12/05/01 ****750.	065571 01072002 00 ****750.00
e.							
Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
AMEREIHN, TERESA  4610 OCEAN STREET  MAYPORT FL 32233  Name  Street Address (P.O. Box Number is Not Acceptable)  4610 OCEAN  Suite, Apt. #, Etc.  City  May port  State  Zip Code  FL 32233							
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 AgentSIGNED Bate							
11. 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.							