

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED


07 MAR -8 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
06-07



11102006 REIN-P CR2E098 (11/05)

DOCUMENT # H71003					
1. Entity Name MARINE DYNAMICS, INC.					
Principal Place of Business 3340 PLACIDA RD ENGLEWOOD, FL 34224 US			Mailing Address 3340 PLACIDA RD ENGLEWOOD, FL 34224 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2753936	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLLOM, PAUL 3320 BOURBON ST. ENGLEWOOD, FL 34224				Name - <u>Collom, Paul - President</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				3320 Bourbon St.	
				City <u>Englewood FL</u> Zip Code <u>34224</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Paul Collom Pres.</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLANEY, MICHAEL		NAME	900095800949	
STREET ADDRESS	106 KINGS DRIVE		STREET ADDRESS	04/04/07--01030--014 **908.75	
CITY-ST-ZIP	ROTONDA WEST, FL 339470000		CITY-ST-ZIP		
TITLE	VP President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLOM, PAUL		NAME		
STREET ADDRESS	3320 BOURBON ST.		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Paul Collom</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					