<u>PLEASE READ ALL INSTRUCTIONS BEFORE C</u>OMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Katherine Harris FOR CHE Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED DOCUMENT # J79097 99 MAR 16 PH 1: 59 1. Corporation Name SECRETARY OF STATE Mariner Marine Service, Inc. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P. O. Box 10147 1620 E. Adamo Drive 33605 Tampa, FL 33679 Tampa, FL If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 6/23/1987 Suite, Apt. #, etc. Suite, Apt. #, etc. 5 FELNumber Applied For City & State City & State 59-2780957 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip 3514 Vasconia Street Clarence B. McFeron, Jr. Tampa, FL 33629 Pres. Tampa, FL 33629 V/P Dennis C. McFeron 3821 Corona Street Tampa, FL 33629 S/Tr Josephine C. McFeron 3416 S. Beach Drive Tampa, FL 33629 100002814831--9 -03/23/99--01025--015 ****900.00 ****900.00 100002814831---9 -03/23/99--01025---016 ******8.75 *****8.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Clarence B. McFeron, Jr. Street Address (P.O. Box Number is Not Acceptable) 3514 Vasconia Street Tampa, FL 33629 Suite, Apl. #, Etc. State | 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. March 13 ,1999 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes 🗀 No L 12. 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 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clarence B. McFeron, Jr.