对自由认为。其 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE 92 HAY 22 Mi 10: 21 APPLICATION Sandra B. Mortham FOR (1) Secretary of State SECRETARY OF STATE REINSTATEMENT DIVISION OF CORPORATIONS TATLAHASSEE, FLORID DOCUMENT # **K 16720** 900002537569--3 -05/27/98--01100--004__ MARINE SERVICES, INC ***1088.75 ***1088.75 Principal Place of Business Mailing Address 1505 NWE ISLAND-AVE 1505 NINE BLANDAVE REINSTATEMEN IMAIM 33139-1360 HORIDA 33139-1360 CHARACTA 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 01.84.88 To Do Business in Florida Suite, Apt #, etc 5. FEI Number Applied Fo **JINCENT** · 0050734 Not Applicable \$1.76 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 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) City / State / Zip Title(s) and/or Directors CHURCH LANE 50VTHАМРТОN.НМР9Н1 PETER. B.T. ARMITAGE PRES CURDRID 6E CHIPTON COTTAGE, BUCKS CHRISTOPHER ADAMS MEAD HILL, MEON STOKE, 21 RICHWOOD PLACE ٧P DAVID WEISBERG 209 CUTBUSH LANE SOUTHIN MOTON, HAMBHIRE MARK, W. ILES TREAS TONNHILL PARK 18 THIGGS END CLOSE, JENNY THWAITES acks HEATH SOBI TET 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent CORPORATION INFORMATION SERVICES INC DELOTTE TOUCHE Street Address (P.O. Box Number is Not Acceptable) HAYS STREET 1201 lamassee, 2500 City MIAMI 32.201 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 Win Munuly SISTERED AGENT MUST SIGN Date 15th MAY Registered Agen 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes 🛛 No 12. Lecrtify that Lam 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 DI

Daytime Phone #