APPLICATION FOR REINSTATEMENT 90-99

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL 27 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K31199

1. Corporation Name
MARINE (PROJECTS), INC.

REINSTATEMENT 90-99 **SP**

Principal Place of Business	Mailing Address
~~% FRANK J. GRECO~~	
~~705 E. KENNEDY BLVD.~~	
~~TAMPA, FL 33602~~	

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
514 E. DAVIS BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FLORIDA	City & State
Zip: 33606 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/11/1988

5. FEI Number: 59-2903289 — Applied For / Not Applicable

6. CERTIFICATE 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	LUBRANO, ANTONIO M.	514 E. DAVIS BLVD.	TAMPA, FL 33606
P/S/T	LUBRANO, ANTONIO M.	514 E. DAVIS BLVD.	TAMPA, FL 33606
		700002943417--5	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~GRECO, FRANK J.~~	Name: ANTONIO M. LUBRANO
~~705 E. KENNEDY BLVD.~~	Street Address (P.O. Box Number is Not Acceptable): 514 E. DAVIS BLVD.
~~TAMPA, FL 33602~~	Suite, Apt. #, Etc.
	City: TAMPA — State: FL — Zip Code: 33606

CR2E040 (1/88)

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 Agent By: [signature] Date 7/23/99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

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] Antonio M. Lubrano — 7/23/99 — 813 251-0019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 320521 4326591

AUTHORIZATION : Patric

COST LIMIT : $ 1931.25

ORDER DATE : July 27, 1999

ORDER TIME : 1:29 PM

ORDER NO. : 320521-005

CUSTOMER NO: 4326591

CUSTOMER: Amy Eckard, Legal Assistant
Fowler White Gillen Boggs
Suite 1700
501 East Kennedy Boulevard
Tampa, FL 33602

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DOMESTIC FILINGS

NAME: MARINE (PROJECTS), INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS _____