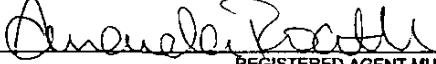
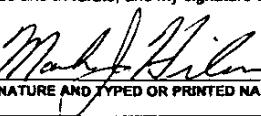


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K38327			
1. Corporation Name HILEMAN MARINE SERVICES, INC.			
2. Principal Office Address - No P.O. Box # 1700 North Monroe Street		3. Mailing Office Address same	
Suite, Apt. #, etc. Suite 11-321		Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State	
Zip 32303	Country USA	Zip	Country
7. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
Suite, Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 	REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Mark J. Hileman	43436 Wild Dunes Square	Leesburg, VA 20176
D	Rebecca J. Hileman	43436 Wild Dunes Square	Leesburg, VA 20176
10. 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 contained in Chapter 119, 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: 		Mark J. Hileman, President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 20 JUL 07	Daytime Phone # 703.297.7987

FILED
2007 JUL 25 AM11:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

CR2E081 (1/07)

91-07
October 12, 1988

FEIN NUMBER
650084060

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

Date **07/25/07**

**100107461041
09/07/07-01049-011 **3070.00**