

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **K59979**
1. Corporation Name
MOORE'S MARINE ENTERPRISES, INC.

04 NOV 12 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AA

REINSTATEMENT 03-04

2. Principal Office Address P.O. Box 3167		3. Mailing Office Address P.O. Box 3167	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34230	Country USA	Zip 34230	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1/23/89	
5. FEI Number 65-0101261	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
CLAUDE BRADFORD MOORE

Street Address (P.O. Box Number is Not Acceptable)
449 WHITFIELD AVE.

Suite, Apt. #, Etc.

City
SARASOTA

State
FL

Zip Code
34243

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 *Claude B. Moore* Date **7 Nov 2004**

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
P (D)	CLAUDE BRADFORD MOORE	449 Whitfield Ave.	Sarasota, FL 34243
S (D)	CLAUDE BRADFORD MOORE	449 Whitfield Ave.	Sarasota, FL 34243
T (D)	CLAUDE BRADFORD MOORE	449 Whitfield Ave.	Sarasota, FL 34243
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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 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: *Claude B. Moore* *Claude B. Moore* Date **7 NOV 2004** (941) Daytime Phone # **809 1518**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)