


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

02 FEB 25 PM 12:58

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K86485

1. Corporation Name
Phoenix Marine Inc.

2. Principal Office Address 2470 Country Oaks Ln.		3. Mailing Office Address 2470 Country Oaks Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Beach Gardens FL		City & State Palm Beach Gardens FL	
Zip 33410	Country Palm Beach	Zip 33410	Country Palm Beach

REINSTATEMENT 92-09

4. Date Incorporated or Qualified - To Do Business in Florida 1989

5. FEI Number 65-0125587 Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name Victor Kieffer III

Street Address (P.O. Box Number is Not Acceptable) 2470 Country Oaks Lane

Suite, Apt. #, Etc.

City Palm Beach Gardens State FL Zip Code 33410

700005044537 -- 1
-03/06/02--01005--015
***2250.00 ***2250.00

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 Victor B. Kieffer III Date 02/22/02

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/S/T	Victor Kieffer III	2470 Country Oaks Lane	Palm Beach Gardens FL 33410

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: Victor B. Kieffer III Date 02/22/02 (561) 624-4437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

VICTOR B KIEFFER III, PRES.

CR2E081 (9/01)