PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 MAR 21 PM 2: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L19935

1. Corporation Name Surface Technologies Marine Division, Inc.

2. Principal Office Address 2275 Atlantic Blvd.	**3.** Mailing Office Address P.O. Box 330108
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Neptune Beach, FL	City & State Atlantic Beach, FL

Zip 32266	Country Duval	Zip 32233-0108	Country Duval

REINSTATEMENT 97-00

4. Date Incorporated or Qualified To Do Business in Florida 9/29/89

5. FEI Number 59-2969187 | 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 Chris Hionides

Street Address (P.O. Box Number is Not Acceptable) 2275 Atlantic Blvd.

Suite, Apt. #, Etc.

City Neptune Beach	State FL	Zip Code 32266

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

Date 3/20/00

CR2E081 (9/99)

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/Dir	Chris Hionides	2275 Atlantic Blvd.	Neptune Beach, FL 32266
			200003195842--2 -04/04/00--01082--032 ***1200.00 ***1200.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/99
Date

(904) 241-1501
Daytime Phone #