


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  
**REINSTATEMENT**  
**2006 A.R.**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 06 FEB 17 PM 3:26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # L39369

1. Corporation Name  
 O'NEAL MARINE CONSTRUCTION Supply, INC.

2. Principal Office Address  
 5790 ESTELLE ST.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State  
 JACKSONVILLE, FLORIDA

Zip Country Zip Country  
 32254 DUAL 3

700067029747  
 03/03/06--(FEE) 000 \*\*150.00

4. Data Incorporated or Qualified  
 -To Do Business in Florida

5. FEI Number  
 59-2983243

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  
 EDGAR L. O'NEAL

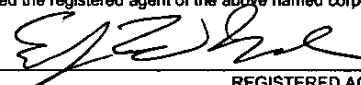
Street Address (P.O. Box Number is Not Acceptable)  
 12762 SUNOWA SPRINGS TRL.

Suite, Apt. #, Etc.

City  
 BRUCEVILLE, FLORIDA

State Zip Code  
 FL 32009

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  Date 2/7/06

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	EDGAR L. O'NEAL	12762 SUNOWA Spg Trl	BRUCEVILLE, FL. 32009
VP	CHARLE E. O'NEAL	1322 MCGRITS CREEK W	JAY. FL. 32221
T	BARBARA E. O'NEAL	12762 SUNOWA Spg. Trl.	BRUCEVILLE, FL. 32009
S	LISA G. O'NEAL	1322 MCGRITS CREEK W.	JAY, FL. 32221

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)(f), 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:  2/7/06 904-783-9479

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