

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAGE 672

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L54949

1. Corporation Name

MAR-TECH ENGINEERING, INC.

Principal Place of Business

1432 ST JOHNS BLUFF
JACKSONVILLE FL 32225
US

Mailing Address

1432 ST JOHNS BLUFF
JACKSONVILLE FL 32225
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/05/1990

5. FEI Number

59-3002161

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|--|---|--|
| P | ROSENBERGER, C. DARYL | 6890 CRYSTAL LAKE RD | KEYSTON HEIGHTS FL 32091 |
| EVP | SAUM, RICHARD W. | 12919 HUNTLEY MANOR DR | JACKSONVILLE FL |
| VP | WILLIS, RICHARD | 422 - 8TH AVE | JACKSONVILLE FL |
| VP | HAWKS, JAMES | PO BOX 1624 N/A | JACKSONVILLE FL |
| | | | 400003496634-7 -12/12/00--01032--001 *****158.75 *****158.75 |

8. Name and Address of Current Registered Agent

ROSENBERGER, DARYL C
1432 ST JOHNS BLUFF RD N
JACKSONVILLE FL 32225

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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.

Daryl Rosenberger

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/2000

Date

904 720-0082

Daytime Phone #

Mar- Tech

Page 2012

L54949

Department of State

October 22, 2000

Dear sir,

I am sending you the payment for reinstatement of our corporation. In addition I am asking you to waive the \$600.00 reinstatement fee for the following reasons.

My partner Dick Saum responsibilities within our organization is to handle the accounting. He is in the National Guard and has been called to serve in Kuwait until February 2001. He was first notified of his duties in January of this year. I was not aware of the annual filing dues, nor have I been notified of any delinquencies. Please consider waiving the dues for these reasons and contact me if you have any further questions.

Thank You,

Daryl Rosenberg
Daryl Rosenberger P. E.