


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | |
|---|-----------------------|---|-----------------------|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # M89300 | | | |
| 1. Corporation Name B & W INDUSTRIAL & MARINE REPAIRS, INC. | | | |
| 2. Principal Office Address 1943 E 21st Street | | 3. Mailing Office Address 1943 E 21st Street | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Jacksonville, Florida | | City & State Jacksonville, Florida | |
| Zip 32206 | Country USA | Zip 32206 | Country USA |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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| 4. Date Incorporated or Qualified To Do Business in Florida | 7/15/88 |
| 5. FEI Number | 59-2832743 |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | \$8.75 Additional Fee required for a Certificate of Status |

| | | |
|--|--------------------|--------------------------|
| 7. Name and Address of Current Registered Agent | | |
| Name Richard Vernon Bryant | | |
| Street Address (P.O. Box Number is Not Acceptable) 3806 Tallyrand Avenue | | |
| Suite, Apt. #, Etc. | | |
| City Jacksonville | State FL | Zip Code 32206 |

8. 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 Richard V. Bryant
REGISTERED AGENT MUST SIGN

Date 11/10/03

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, VP S, D | Richard Vernon Bryant | 3806 Tallyrand Avenue | Jacksonville, FL 32206 |
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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: Richard V. Bryant **Richard V. Bryant** 11/10/03 354-0596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**