PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	OMPLETIN	IG THIS FORM.		
APPLICATION FOR	FLORIDA DEPÅRTME Sandra B. Mor Secretary of S	≵ham		EH EU VID VERKOAGO		
REINSTATEMENT	DIVISION OF CORPO		17	77 113V 141 781 115 "	76	
DOCUMENT # N43422 1. Corporation Name Torida Marine Consa		georgyany de Stata Talvanassee, floring				
Principal Place of Business 12295 Judian Mo Lake Worth FL	Mailing Address Siend Rd (. 33461	same)				
above addresses are incorrect in any way, line through incorrect information and enter con New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 6. Apt. #, etc. Suite, Apt. #, etc.		I	4. Date Incorporated or Qualified To Do Business in Florida 5/29/91 5. FEI Number Applied For			
City & State	City & State			269724	Not Applicable	
Žip Country	Zip Countr	у	6. CERTIFICATE O		dditional Fee required Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea Name of Officers and/or Directors Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N Director Lee Hallman Windon 12295 Tudian 1				City/State/	······································	
Secretar Maurette Hans	on 12169	Sycamore	2. Ln. 1	. 1 11 5	22/11/	
Director D		0-5		Wellington to	- 25414	
Treasure Bathy Bockman	5246 3	ilver rala	U 104.	t defended	32032	
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		BEINSTATEMENT ANDIWA			JIL PILL	
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0. No				···		
8. Name and Address of Current Registered Agent Lee Hallman - Windham Name			9. Name and Address of New Registered Agent			
12295 Judian Mo	Street Address (P.O. Box Number is Not Acceptable)					
Lake Worth FL	Surie, Apt. #, Etc.	Surie, Apt. #, Etc11/18/9701046001 & ****236.25 ****236.25 State Zip Code Fell				
10. I, being appointed the registered agent of the above	e named corporation, am familiar wit	h and accept the obli				
Signature of Registered Agent Lea The Oliver	EISTERED AGENT MUST SIGN			Date 10 20 9	7	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on intangible tax.)						
12. 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 reinstaltement 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 10/20/97 (56) 798 5853						