

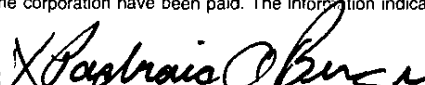


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 01 JUN -6 PM 6:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 79500004746					
1. Corporation Name BLANCHE BERGIN MARINA PARK, INC.					
Principal Place of Business 2734 S.W. 24th Terrace Miami, FL 33145		Mailing Address 2734 S.W. 24th Terr. Miami, FL 33145			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable n/a Suite, Apt. #, etc.		3. New Mailing Address, If Applicable n/a Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 10/06/1995	
City & State ---		City & State ---		5. FEI Number 650613185 <div style="float: right;">Applied For <input type="checkbox"/> Not Applicable</div>	
Zip ---	Country ---	Zip ---	Country ---	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 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)					
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4		
Pres Dir	Padraic A. Bergin	c/o Lynne Hankins Fielder, P.A. 19980 Overseas Highway	Sugarloaf Key, FL 33042		
Dir	Timothy Bergin	2456 Resolution Drive	Anchorage, AK 99517-1235		
Dir	Michael Bergin	17909 Linden North	Seattle, WA 98133		
REINSTATEMENT 97-01					
8. Name and Address of Current Registered Agent Padraic A. Bergin 2734 S.W. 24th Terrace Miami, FL 33145			9. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px;">Name Lynne Hankins Fielder, P.A.</div> <div style="border: 1px solid black; padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 19980 Overseas Highway</div> <div style="border: 1px solid black; padding: 2px;">Suite, Apt. #, Etc. ---</div> <div style="border: 1px solid black; padding: 2px;">City Summerland Key</div> <div style="border: 1px solid black; padding: 2px;">State FL</div> <div style="border: 1px solid black; padding: 2px;">Zip Code 33042</div>		
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. <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent  REGISTERED AGENT MUST SIGN</div><div>Date 5-30-01</div></div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:  <div style="display: flex; justify-content: space-between;"><div>5-30-01 Date</div><div>305-442-2844 Daytime Phone #</div></div>					

CR2040 (2/95)