PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** FILED Glenda E. Hood **FOR** Secretary of State REINSTATEMENT 03 OCT 24 AM 9:08 DIVISION OF CORPORATIONS P00000057432 DOCUMENT # SEUMETANY DE STATÉ TALLAHASSEE, FLORIDA 1. Corporation Name JOHN PANGBURN MARINE, INC. Principal Place of Business Mailing Address 4545 MARIOTTI COURT P.O. BOX 18569 SARASOTA FL 34276 STE H SARASOTA FL 34233 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 4. Date incorporated or Qualified? // 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 06/05/2000 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For .65-1011981-City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director 2 P.O. BOX 18569 SARASOTA FL 34276 PD PANGBURN, JOHN M SARASOTA FL 34276 PANGBURN, KRISTINE P.O. BOX 18569 VD **500024054075** 10/24/03--01011--016 **158.75 ame and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name PANGBURN, KRIS Street Address (P.O. Box Number is Not Acceptable) 913 KEY WAY Suite, Apt. #, Etc. NOKOMIS FL 34275 State Zip Code FL 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. or 617.0505, F.S.

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.

SIGNATURE:

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

Date _ 10-17-03



John Pangburn Marine, Inc.

October 18, 2003

CERTIFIED MAIE 7003 0500 0000 3169 0264

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Document # P00000057432 John Pangburn Marine, Inc.

To Whom It May Concern:

Please find enclosed the completed application for reinstatement of our corporation and a check in the amount of \$158.75. Please note we had not received the two prior uniform business report notices, as we often have trouble with our post office box.

Please accept this request for reinstatement. If you should have any questions, please do not hesitate to contact us at our office number of (941) 923-6996.

Thank you.

Sincerely,

Kristine L. Pangburn Vice President

John Pangburn Marine, Inc.