APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAR 21 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 01-02

DOCUMENT # P00000062379

1. Corporation Name
Stone Marine Construction, Inc.

2. Principal Office Address	3. Mailing Office Address
3103 N.W. 20th Street	9105 SW 202 Terr
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, FL
Zip: 33142 Country: Dade	Zip: 33189 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 6/23/2000

5. FEI Number: 65-101640 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Gary Greene

Street Address (P.O. Box Number is Not Acceptable): 9105 SW 202 Terr.

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33189

8. I, 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: Gary N. Greene (REGISTERED AGENT MUST SIGN) Date: 3-18-02

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
Pres.	Philip Stone	727 NE 37th Street	Ft. Lauderdale FL 33334
VST	Gary Greene	9105 SW 202 Terr	Miami FL 33189

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 61 T, 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: Gary N Greene GARY N. GREENE 3-18-02 3057907257
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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