

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 22 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000082628

**1. Corporation Name**  
MARINE STORAGE SYSTEMS, INC.

400016986674  
04/25/03--01009--011 \*\*1050.00

400016986674  
04/25/03--01009--010 \*\*8.75

**2. Principal Office Address**  
9328 S.E. Island Place

**3. Mailing Office Address**  
same

Suite, Apt. #, etc.  
N/A

Suite, Apt. #, etc.  
N/A

City & State  
Tequesta, FL

City & State  
Tequesta, FL

Zip Country  
33469 U.S.A.

Zip Country  
33469 U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida** 8/28/2000

**5. FEI Number**  
65-1019629

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 01-03

**7. Name and Address of Current Registered Agent**

Name  
William T. Blankenship

Street Address (P.O. Box Number is Not Acceptable)  
9328 S.E. Island Place

Suite, Apt. #, Etc.

City  
Tequesta,

State Zip Code  
FL 33469

**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 W.T. Blankenship  
REGISTERED AGENT MUST SIGN

Date 4-22-03

**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
President	William T. Blankenship	9328 S.E. Island Place	Tequesta, FL 33469
V.P.	Laura Lee Blankenship	9328 S.E. Island Place	Tequesta, FL 33469

**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)(f), 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:** W.T. Blankenship William T. Blankenship

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03  
Date

(561) 741-0075  
Daytime Phone #

CR2E081 (10/02)