

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P0000087008

1. Corporation Name

MECHANICAL AND MARINE COMPANY

FILED

01 OCT 18 PM 1:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9755 SW 76TH ST.
 MIAMI FL 33173

9755 SW 76TH ST.
 MIAMI FL 33173



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~2655 LEJEUNE ROAD~~

~~2655 LEJEUNE ROAD~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~SUITE 201~~

~~SUITE 201~~

City & State

City & State

~~CORAL GABLES FL~~

~~CORAL GABLES FL~~

Zip

County

Zip

County

~~33134~~

~~MIAMI-DADE~~

~~33134~~

~~MIAMI-DADE~~

4. Date Incorporated or Qualified To Do Business in Florida

09/12/2000

5. FEI Number

65-1041602

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PERSONS, ROGER M	9755 SW 76TH ST.	MIAMI FL 33173
D	CLAPSADL, PAUL C	1336 NW 168TH AVE. 13922 S.W. 41 st Street	PEMBROKE PINES FL. Davie, Florida 33330

400004659814-6
 10/30/01-07091-001
 758.75 758.75

REINSTATEMENT 01 18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAKER, RONALD G
 2655 LEJEUNE RD., SUITE 201
 CORAL GABLES FL 33134

Name *Ronald G Baker*
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City 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.

Signature of Registered Agent

Ronald G Baker
 REGISTERED AGENT MUST SIGN

Date 10/16/01

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:

Roger M. Persons
 ROGER M. PERSONS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 11, 2001 (305) 465-7277
 Date Daytime Phone #

CR2E040 (801)