PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

01 OCT 12 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P00000113857

1. Corporation Name
DELMARVA MARICULTURE TECHNOLOGIES INC

2. Principal Office Address	**3.** Mailing Office Address
9900 W SAMPLE ROAD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
CORAL SPRINGS FL	
Zip: 33065 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1060944 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LOUCHARICH, LOUIS F

Street Address (P.O. Box Number is Not Acceptable): 10989 NW 56TA CT

Suite, Apt. #, Etc.:

City: CORAL SPRINGS State: FL Zip Code: 33076

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-10/17/01--01002--006
****758.75 ****758.75

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*****17.50 *****17.50

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: Louis F Loucharich Date: 10/11/2001
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
P/D	PETRUZZELLO, ARTHUR G	9900 W SAMPLE ROAD	CORAL SPRINGS FL 33065
S/T	PARSONS, WILLIAM S	9900 W. SAMPLE ROAD	CORAL SPRINGS FL 33065
D	AHO, JOHN K	9900 W. SAMPLE ROAD	CORAL SPRINGS FL 33065
VP	LOUCHARICH, LOUIS F	9900 W. SAMPLE ROAD	CORAL SPRINGS FL 33065

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)(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: Arthur G Petruzzello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #