

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 25 AM 8:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000032309

1. Corporation Name

MIAMI RIVER SHIPYARD, INC.

**REINSTATEMENT** 02-03

300014679163  
03/25/03--01041--004 \*\*900.00

2. Principal Office Address 1423 COLLINS AVENUE Suite, Apt. #, etc. City & State MIAMI BEACH, FLORIDA Zip 33139 Country USA		3. Mailing Office Address 1423 COLLINS AVENUE Suite, Apt. #, etc. City & State MIAMI BEACH, FLORIDA Zip 33139 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 3/26/01	
5. FEI Number 65-1092204	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
MARC FRIEDLI  
Street Address (P.O. Box Number is Not Acceptable)  
1423 COLLINS AVENUE  
Suite, Apt. #, Etc.  
City  
MIAMI BEACH,  
State  
FL  
Zip Code  
33139

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

*Marc Friedli*

Date 03.20.03

REGISTERED AGENT MUST SIGN

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	MARC FRIEDLI	1423 COLLINS AVENUE	MIAMI BEACH, FLORIDA 33139

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:

*Marc Friedli*

President

03.20.03

305 534 9334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

20 3/31