2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # P01000033891 JA MARINE CORPORATION 04 OCT 22 AM 10: 48 SECHETARY OF STATE Principal Place of Business Mailing Address 325 FIFTH STREET SOUTH 325 FIFTH STREET SOUTH ST PETERSBURG, FL 33701 ST PETERSBURG, FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10152004 REIN-P CR2E098 (6/04) City & State 4. FEI Number Applied For City & State 59-3714712 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORE, JULIO A JR Street Address (P.O. Box Number is Not Acceptable) 325 FIFTH STREET SOUTH ST PETERSBURG, FL 33701 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signeture required when reinstating) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2005, Fee will be \$300.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITI É TITLE Change Addition MORE, JULIO A NAME NAME 325 FIFTH ST. SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33701 CITY-ST-ZIP Delete ■ Addition TITLE TITLE ☐ Change DEVERO, AMIE J NAME NAME 3227 OAKELLAR ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33611** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME 500042101705 10/22/04--01032--013 **! STREET ADDRESS STREET ADDRESS **150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information exposed with this tiling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or treative empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like efficiency or the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or treative empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE: SKINATURE AND TYPED OR PRINTED HAME OF SIGIPING OFFICER OR DIRECTOR