

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 27 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039360

1. Corporation Name

MARINE ENTERPRISES INC.
~~XXXXXXXXXX~~

2. Principal Office Address

5450 S.W. 5th STREET

Suite, Apt. #, etc.

City & State

PLANTATION

Zip

33317

Country

USA

3. Mailing Office Address

c/o Eugene H. Leonard
12567 Northeast 7th Avenue

Suite, Apt. #, etc.

City & State

NORTH MIAMI

Zip

33161

Country

USA

REINSTATEMENT 02-05
TRD

4. Date Incorporated or Qualified
- To Do Business in Florida

04/18/2001

5. FEI Number

65-1103607

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

RICHARD B. COGSWELL

Street Address (P.O. Box Number is Not Acceptable)

5450 S.W. 5th STREET

Suite, Apt. #, Etc.

City

PLANTATION, FL

State

FL

Zip Code

33317

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

Richard B. Cogswell
REGISTERED AGENT MUST SIGN

Date 01/25/2005

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/T	RICHARD B. COGSWELL	5450 S.W. 5th STREET	PLANTATION, FL 33317
VP/S	MARTHANNA COGSWELL	5450 S.W. 5th STREET	PLANTATION, FL 33317

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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:

Richard B. Cogswell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard B. Cogswell

Date

01/25/2005 (954) 610-4698

Daytime Phone #

CR2E081 (01/05)