

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.

**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

MRD

**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

600046287196  
02/10/05--01002--012 \*\*608.75

**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

RICHARD B. COGSWELL

01/25/2005 (954) 610-4698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)