

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 DEC 27 AM 8:39

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000042662

1. Corporation Name

Marine Metal Works Corporation

2. Principal Office Address

124 E Madison St

Suite, Apt. #, etc.

N/A

City & State

Tampa FL

Zip

33602

Country

USA

3. Mailing Office Address

1211 E Madison St

Suite, Apt. #, etc.

N/A

City & State

Tampa FL

Zip

33602

Country

USA

000009715640

12/27/02--01046--001 **750.00

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

4/27/01

5. FEI Number

59-3714638

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

Robert Latta

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

3509 W IOWA AVE

Suite, Apt. #, Etc.

N/A

City

TAMPA

State

FL

Zip Code

33611

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

Date 12/23/02

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
D	Damon E. Baxter	105 Crest Ave	Tampa FL 33603
D	Fred Orosz	11407 Gleanment Dr.	Tampa FL 33635
D	Robert Latta	3509 W. IOWA AVE	Tampa FL 33611

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/02

Date

(813) 301-1420

Daytime Phone #

CR2081 (9/01)

95 1/2