PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 8:00

DOCUMENT # P01000 0 43809

1. Corporation Name
Sanders Marine Towing, Inc

REINSTATEMENT 02-04
MRS

2. Principal Office Address
1100 Ponce DeLeon Cr

Suite, Apt. #, etc.
W 109

City & State
Vero Beach

Zip
32960   Country I.R

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip   Country

4. Date Incorporated or Qualified
To Do Business in Florida   4/30/2001

5. FEI Number
65 - 110700   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 L. Prendergast, Inc

Street Address (P.O. Box Number is Not Acceptable)
120-43rd Avenue

Suite, Apt. #, Etc.

100035703051
05/06/04 -01023 007 **160.00

City
Vero Beach,

State FL   Zip Code 32968

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 _____
REGISTERED AGENT MUST SIGN

Date   4/29/04

CR2E081 (01/04)

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
Pres	Robert M. Sanders	1100 Ponce DeLeon Circle	Vero Beach, Fl

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: _____   4-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #