PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLOI REINSTATEMENT						LORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 04 NOV -8 AM 8: 56				
DOCUMENT # P01000051127 1. Corporation Name SNK MARINE SYSTEMS, INC									SECHL TALLAH	IARY (ASSEE	F STAT FLOR	IE IDA		
149 PUEBLO ST 1900 EL CAMINO REAL										Y 1	11/10	9		
					3. Mailing Office Address 1900 EL CAMINO REAL				REINSTATEMENT 03-09					
Suite, Apt. #, etc.					Suite, Apt. #, etc.				4. Date Incor	porated or siness in Fl		05/23	/2001	
City & State TAVERNIER, FL					City & State MENLO PARK, CA				5. FEI Numb	er		03/20	Api	plied For t Applicable
^{Zip} 33070		Country USA			^{Zip} 94025		Country USA		6. CERTIFICAT	E OF STATE	JS DESIRED	\$8.75 / for a	Additional	Fee required e of Status
	7. Name and Address of Current Registered Agent													
	Name CHUCK SCHFASTALL Street Address (P.O. Box Number is Not Acceptable) 149 PUEBLO ST Suite, Apt. #, Etc. City TAVERNIER State Zip Code 73070													
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 Lack Lack Lack Lack Lack Lack Lack Lack														
9. Names	and Street Ad	dresses	of Each Off	icer and	d/or Director (FI	orida nonpro	fit corporations m	nust list at le	ast 3 directors)					
Titles	Name of Officers and/or Directors						Street Address of Each Officer and/or Director			City / State / Zip				
D /P/S	PATRICK S. D'ANTONI					1900 E	EL CAMINO REAL			MENLO PARK, CA 94025				
D/V/T	P. GARRET D'ANTONI					1760 W	WINTER MOON COURT			RENO , NEVADA 89523				
	···								12/09	100- 104(4331 01053-	937: -008]↓] **900.	. 00
									<u>OD</u> 12/09/	004 04-0	<u>1930</u> 1053—):379 009 *	1 17) ∗8,75	
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 filling 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 Date Date														