


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/28/03--01040--004 **300.00


CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PO1000069715 1. Corporation Name Mile Marker 30 Inc.	
2. Principal Office Address 2943 Overseas Hwy Suite, Apt. #, etc.	3. Mailing Office Address P.O. Box 430703 Suite, Apt. #, etc.
City & State Big Pine Key, FL Zip Country 33043 US	City & State Big Pine Key, FL Zip Country 33043 US

4. Date Incorporated or Qualified To Do Business in Florida 7/16/2001	
5. FEI Number 65-1121984	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name John Littriello		
Street Address (P.O. Box Number is Not Acceptable) 1606 PINE CHANNEL DR		
Suite, Apt. #, Etc. LITTLE TORD KEY		
City FL	State FL	Zip Code 333042

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 1/23/03
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
P	Littriello, John	1606 Pine Channel Dr.	Little Torch Key, FL 33042
VP	Lopez, Christina C	1606 Pine Channel Dr.	Little Torch Key, FL 33042

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 John Littriello
Date 1/23/03	Daytime Phone # 305-872-2790

CR2E081 (10/02)

2/1/25