PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN [®]



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000006552

1. Corporation Name

ANCON MARINE CONSULTANTS, INC.

Mailing Address Principal Place of Business 3859 CURZ DR. 3859 CURZ DR. ST. JAMES CITY FL 33956 ST. JAMES CITY FL 33956 REINSTATEMENT_07 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable New Principal Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 3859 CRUZ Suite, Apt. #, etc. 01/18/2002 5. FEI Number Applied For City & State Not Applicable ST, JAMI \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED. for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director 2 3 ST. JAMES CITY FL 33956 **DPST** VILLALON, AUGUSTO SR 3859 CURZ DR. 700023971187 10/21/13--01071--006 **158.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent ANGUSTO SR. VILLALON, AUGUSTO SR 3859 CURZ DR. ST. JAMES CITY FL 33956 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. 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:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FIFD

03 OCT 21 AH 8:31

SECRETARY OF STATE ALLAHASSEE, FLORIDA

ANCON MARINE CONSULTANTS, INC. 3859 Cruz Drive St. James City, FL 33956

October 8, 2003

State of Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-6327

To Whom It May Concern:

Today we received in the mail a notice of Administrative Dissolution or Revocation of our corporation, listed above. Our printed mailing address was spelled incorrectly; I have corrected it on the form I am enclosing here.

We are a very small, home-based company. The lawyer who filed our incorporation papers is no longer actively practicing law, and he never told us we had to file this form. Thave not received any forms or notices previous to today. Perhaps this was due to the incorrect address.

I immediately telephoned your office and the lady with whom I spoke, who was extremely nice and very helpful, told me to write you this letter and enclose a check for the original filing fee, along with the application for reinstatement.

I apologize profusely for my mistake in not filing. I understand in the future that the form should arrive in the mail in January, but that if it does not, I should contact your office to request the form. I shall not fail to file the report in a timely fashion next year.

Thank you so much.

Very truly yours,

Julia G. Villalon, secretary to Augusto Villalon Sr., President Ancon Marine Consultants, Inc.

Enc: Check for \$158.75, including filing fee

And Certificate of Status

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