

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 10 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000007264**

1. Corporation Name

MARINER AMERICA, INC.

2. Principal Office Address

6980 US HWY 1 NORTH

Suite, Apt. #, etc.

SUITE 104

City & State

ST. AUGUSTINE, FL

Zip

32095

Country

ST. JOHNS

3. Mailing Office Address

6980 US HWY 1 NORTH

Suite, Apt. #, etc.

SUITE 104

City & State

ST. AUGUSTINE, FL

Zip

32095

Country

ST. JOHNS

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01-10-02

5. FEI Number

45-0463627

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

KLAUS G.E. BAUMANN

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

500 COCONUT AVENUE

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32095-8080

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 **03-08-05**

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	BAUMANN, KLAUS G.E.	500 COCONUT AVE.	ST. AUGUSTINE FL 32095
D	ZENNARO, MARINO	S.S. SEMPIONE KM 94	GRAVELLONA (VB) 28883 ITALY
D	ZENNARO, PAOLO	S.S. SEMPIONE KM 94	GRAVELLONA (VB) 28883 ITALY
			600049888576
			04/09/05--01018--018 **450/00

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:

KLAUS G.E. BAUMANN

03-08-05 (904) 826-1055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20081 (01/05)



the italian touch

MARINER AMERICA, Inc.

6980 US Highway 1 North, Suite 104
St. Augustine, FL 32095 USA
Tel. 904-826-1055
Fax. 904-827-0419

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8 March 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

SUBJECT: Corporate Reinstatement Request

Ladies and Gentlemen,

During a recent check we were very much surprised to notice ADMIN DISSOLUTION
FOR ANNUAL REPORT.

Enclosed is our Corporate Reinstatement Form along with our check for \$450.00
covering the missed 3 years.

We have been at this address since March 15, 2002 and never received a renewal notice
of any sort. The Current Resident Agent address never received any renewal notice
either.

In consideration of the foregoing, we respectfully request reinstatement and a waiver on
any penalties.

Respectfully,

Klaus G.E. Baumann
Managing Director