FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2004 OCT -6 AM 8:46

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000020586

1. Corporation Name
Peninsula Marine Construction Inc.

REINSTATEMENT 03-04

2. Principal Office Address
10115 Lake Oak Circle
Suite, Apt. #, etc.
City & State: Tampa FL
Zip: 33624 Country: Hillsborough

3. Mailing Office Address
10115 Lake Oak Circle
Suite, Apt. #, etc.
City & State: Tampa FL
Zip: 33624 Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 300047220 — 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: David Lee
Street Address (P.O. Box Number is Not Acceptable): 10115 Lake Oak Circle
Suite, Apt. #, Etc.
City: Tampa State: FL Zip Code: 33624

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 _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	David Lee	10115 Lake Oak Circle	Tampa FL 33624
Secr.	Gina Marino	1 N. Dale Mabry Hwy	Tampa FL 33609

10. I certify that I am an officer or director of 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: X David Lee — 10-06-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

per - pat Bailey

2/3

Peninsula Marine Construction, Inc.

10115 Lake Oak Circle
Tampa, Florida 33624

Office/Fax: (813)960-9603
Email: www.peninsuladocks@aol.com
web:www.peninsuladocks.com

Dear Mr. Dunlap,

As per my conversation with Patricia she informed me as per the proper channels I should send this reinstatement form and a check for $315.00.

Please be advised that last year I had a problem with a person who was involved with my business matters and unfortunately I had a check that didn't clear . At this time I am running my company with a cpa who handles all my bookkeeping and this problem will not happen again.

With this letter and check is the proper form that I have filled out so you can reinstate my business.

In closing I want to thank you for your time in this matter and if you have any questions please call me at: (813)967-7508

Sincerely David Lee, president

Organization