

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -5 AM 11:28

DOCUMENT # PD2000020586

1. Corporation Name

Peninsula Marine Construction, Inc.

700025426307

12/11/03--01060--004 \*\*150.00

2. Principal Office Address

10115 Lake Oak Circle

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33624

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33624

Country

USA

REINSTATEMENT

D3

4. Date Incorporated or Qualified  
To Do Business in Florida

2/22/02

5. FEI Number

☒ 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 A. 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

*David A. Lee*

REGISTERED AGENT MUST SIGN

Date 11-25-2003

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
Pres.	DAVID A. LEE	10115 Lake Oak Circle	Tampa FL 33624

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:

*David A. Lee*  
David A. Lee

11-25-2003

Date

Daytime Phone #

(813) 960-9603

CR2E081 (10/02)

**Peninsula Marine Construction, Inc.**  
**10115 Lake Oak Circle**  
**Tampa FL 33624**  
**(813) 960-9603**  
**(813) 967-7508**

December, 02, 2003

Attn: Katrina  
Florida Dept. of State  
Division of Corporations  
409 E. Gaines St.  
Tallahassee FL 32399

Dear Katrina:

This is to confirm that we are requesting a waiver of the reinstatement fee due to the fact that the original uniform business report was never received by us at Peninsula Marine Construction, Inc.

We've had several problems with all of our mail being received over the past several year, both at the old address of 2780 N. Riverside Dr. #503, Tampa, FL 33602, and at the new address of 10115 Lake Oak Circle, Tampa, FL 33624. However, these problems have since been resolved and we would like to have our license re-activated at the earliest possible convenience.

On November 26, 2003, the reinstatement document was sent to you along with a check in the amount of \$150.00 made payable to the Florida Department of State, so please let me know as soon as possible if there are any questions or problems with this request. I can be reached at (813) 967-7508 or (813) 960-9603.

Thank you very much,

Sincerely,



David A. Lee, President  
Peninsula Marine Construction, Inc.