

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 31 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 102000033372

1. Corporation Name

RENEGADE MARINE, INC.

600024384266
11/03/03--01080--020 **550.00

2. Principal Office Address

1162 4th St. S.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

SAME

Zip

33701

Country

USA

Zip

SAME

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/20/02

5. FEI Number

75-3043608

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

STEVE HAMILTON

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

1162 4th St. S.

Suite, Apt. #, Etc.

City

ST. PETERSBURG, FL

State
FL

Zip Code

33701

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

10/30/03

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	Steve Hamilton	1162 4th St. S.	St Petersburg, FL 33701

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

10/30/03

Date

Daytime Phone #

CR2E081 (10/02)

Renegade Marine

October 30, 2003

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

Attn: Corporate Reinstatement Division

Gentlemen:

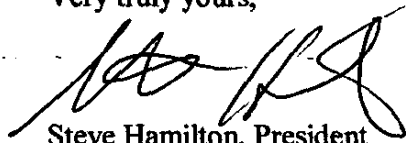
Enclosed please find our Corporate Reinstatement document and appropriate fees for same.

Please waive the reinstatement fee as we did not receive our annual report form. This is the first year we would have had to file an annual report and our address has changed since our original incorporation forms were filed.

The enclosed reinstatement form has our current address.

Thank you for your consideration in this matter. Please call the undersigned if there are questions regarding the enclosed.

Very truly yours,



Steve Hamilton, President
Renegade Marine, Inc.