

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 27 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000059972

1. Corporation Name **MANTARAY MARINE Construction, Inc.**

2. Principal Office Address

23332 Nickel LN.

Suite, Apt. #, etc.

3. Mailing Office Address

23332 Nickel LN.

Suite, Apt. #, etc.

City & State

LAND O' LAKES FL

City & State

LAND O' LAKES, FL

Zip

34639

Country

USA

Zip

34639

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/30/2002

5. FEI Number

59-3453899

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

Lewis Austin

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

23332 Nickel LN.

Suite, Apt. #, Etc.

City

LAND O' LAKES

State

FL

Zip Code

34639

100027452541
01/23/04--01013--006 **900.00

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

Lewis Austin

Date **1-18-2004**

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
PD	Lewis Austin	23332 Nickel LN.	LAND O' LAKES, FL 34639
VD	Joseph Michael Chandler	29709 MORNINGNEST DR.	Wesley Chapel, FL 33543
SD	Michael Duane Middleton	29709 MORNINGNEST DR.	Wesley Chapel, FL 33543
TD	Lewis Austin	23332 Nickel LN.	LAND O' LAKES, FL 34639

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:

Lewis Austin **Lewis Austin President/Director 1-18-2004 (813) 235-6391**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (10/02)

January 8, 2004

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

Enclosed please find Corporation for reinstatement for: **MANTARAY MARINE CONSTRUCTION, INC.** and the necessary funds for filing fees.

Please return (1) copy to the below address.

23332 Nickel Ln.
Land O'Lakes, Fl 34639

Thanking you in advance for your cooperation on this matter.

Sincerely,

Lewis Austin

A handwritten signature in cursive script, appearing to read "Lewis Austin", written in dark ink.