
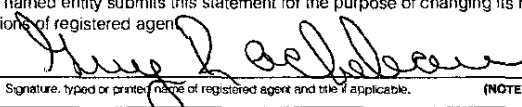
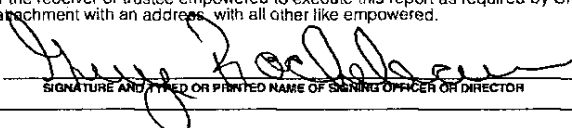


2004 FOR PROFIT CORPORATION REINSTATEMENT

AT ANY
 FILED
 04 NOV 23 PM 2:19 1702
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P03000012630 1. Entity Name MARINE MECHANIC INC.					
Principal Place of Business 5000 SE FEDERAL HIGHWAY LOT #27 STUART, FL 34997		Mailing Address 5000 SE FEDERAL HIGHWAY LOT #27 STUART, FL 34997			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMITH, DEBORAH 6727 SW LIVE OAK LANE STUART, FL 34997				Name Guy-Rocheleau	
				Street Address (P.O. Box Number is Not Acceptable) 5000 S E Federal Hwy Lot 27	
				City Stuart FL Zip Code 34997	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROCHELEAU, GUY		NAME	900042954589	
STREET ADDRESS	5000 SE FEDERAL HIGHWAY #27		STREET ADDRESS	11/23/04--01023--007 **150.00	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 77-485-3747		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

REINSTATEMENT

04

BS 232

**Marine Mechanic Inc.
5000 SE Federal Highway
Lot #27
Stuart, Florida 34997-6683
(772) 485-3747**

November 9, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: P03000012630

To Whom It May Concern:

I did not receive a Uniform Business Report or notices that my corporation was going to be dissolved. I am submitting a check in the amount of \$150.00 for the 2004 Uniform Business Report and an application to reinstate my corporation in the State of Florida, as instructed. I ask that any fees for reinstatement be waved.

I appreciate any help you can be in this matter. Please call if there are any questions.

Sincerely,

Guy Rocheleau
President

