

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

08 APR -2 PM 1:35

DOCUMENT # P03600028084

1. Corporation Name  
**Vessel Holding, Inc.**

2. Principal Office Address - No P.O. Box #

1239 Gerbing Road

Suite, Apt. #, etc.

City & State

Amelia Island, FL

Zip

32034

Country

USA

3. Mailing Office Address

P.O. Box 1736

Suite, Apt. #, etc.

City & State

Brunswick, GA

Zip

31521

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida 03/10/2003

5. FEI Number  
59-3769338

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  
Bennett, Walter A.

Street Address (P.O. Box Number is Not Acceptable)  
1239 Gerbing Road

Suite, Apt. #, Etc.

City  
Amelia Island

State Zip Code  
FL 32034

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 W.A. Bennett

Date 3/18/2008

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
D	Walter A. Bennett	1239 Gerbing Road	Amelia Island, FL 32034
D	Louis N. Dyer, Jr.	110 Julienton Island Drive	Brunswick, GA 31520

700121950497  
04/02/08--01034--018 \*\*1050.00

REINSTATEMENT 06-08

WB 4/13/08

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 contained in Chapter 119, 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

3/18/08

Date

912-265-7571

Daytime Phone #