

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03/182  
**FILED**  
04 OCT 12 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000030252

1. Corporation Name  
C & M MARINE WORK INC  
  
11183 SW 7 STREET

2. Principal Office Address  
11183 SW 7 STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State

Zip  
33174

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 03/12/2003

5. FEI Number  
55-0821909

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  
CARLOS M MESA

Street Address (P.O. Box Number is Not Acceptable)  
11183 SW 7 STREET

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33174

900041816099  
10712/04--01039--004 \*\*150.00

HK

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

REGISTERED AGENT MUST SIGN

Date

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	CARLOS M MESA	11183 SW 7 STREET	MIAMI, FL 33174

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

Date

Daytime Phone #

CR2E061 (01/04)

282

Miami, October 8, 2004

Florida Department of State  
Division of Corporation  
P O Box 6327  
Tallahassee, FL 32314

RE: Document # P03000030252

Dear Sir:

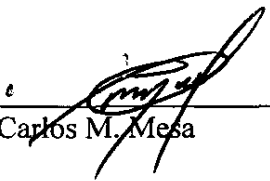
In regards of your correspondence dated September 9, 2004 you have sent back for the second time my corporation Annual Report for year 2004 and the money order in the amount of \$150.00 us dollars.

As per your website you Dissolved my corporation on October 1, 2004.

Please be advised that my corporation moved it's place of business, please take note that our new address is 11183 SW 7 Street – Miami, FL 33174

Furthermore, an Annual Reinstatement Form is also attached herein with the company Annual Report for the year 2004 with our new address.

Thank you,

  
\_\_\_\_\_  
Carlos M. Mesa