

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 NOV 10 PM 5:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000033956

1. Corporation Name

Miss Sanya Marine, Inc.

2. Principal Office Address

P.O. Box 693724

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 693724

Suite, Apt. #, etc.

City & State

Miami, F

City & State

Miami, F

Zip

33269

Country

USA

Zip

33269

Country

USA

**REINSTATEMENT**

04-05

4. Date Incorporated or Qualified  
To Do Business in Florida

3-25-03

5. FEI Number

42-1587069

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

DONOVAN Murdock

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

291 NW 183rd Street

Suite, Apt. #, Etc.

900061343909

11/10/05 01041 003 \*\*900E 75

City

Miami

State  
**FL**

Zip Code

33169

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

Donovan A. Murdock

Date 11-08-05

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.	<u>Donovan Murdock</u>	<u>291 NW 183rd Street</u>	<u>Miami, F 33169</u>

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:

Donovan A. Murdock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

786-290-2122

Daytime Phone #