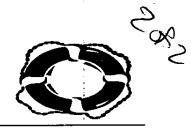
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT		FLORIDA DEPARTMENT OF STATES Secretary of State DIVISION OF CORPORATIONS		TE*	FILED 04 NOV 16 PM 4: 48					
DOCUMENT # P03000048465 1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Maritime Services Group Two, Inc. 3784 Bayshore Drive PO Box 8989											
2. Principal Office Address 3784 Bayshore Drive			3. Mailing Office Address PO Box 8989			REN	STI	NTEM	INT	2004	بر دردد
Suite, Apt. #, etc			Suite, Apt. #; etc.			4. Date Incorporated or Qualified To Do Business in Florida 2003					₩ I
City & State Naples			City & State Naples			5. FEI Number Applied For 57-1167107 Not Applicable					1
Zip 34112			Zip 34101-8989	Country USA		G. CERTIFICATE OF STATUS DESIRED S8.75 Additional for a Certificate			Fee required		
			7. Name and	Address of Current Re	egistere	ed Agent					•
	Name Gary K. Wilson						<u> </u>	<u>abpe</u> e	<u> </u>		
	Street Address (P.O. Box Number is Not Acceptable) 5801 Pelican Bay Boulevard					11718	/04	oibīs0ì	7 **150	. 00	
	Suite, Apt. #, Etc. Suite 300										
	city Naples					State FL	Zip Code 34108-2709	9			
8. I, being a Signature of Registered A	· ·	tung (W	ove mamed corporation, am CLU EGISTERED AGENT MUS		the ob	oligations of section		05 or 617.0503, F.			CR2E081 (01/04)
9. Names	and Street Addresse	es of Each Officer an	d/or Director (Florida nonpi	rofit corporations must li	ist at lea	ast 3 directors)		<u>.</u>			Ī
Titles	Offic	Name of ers and/or Directors	3	Street Address of Each Officer and/or Director			City / State / Zip				
Ď	Lee E. Lyon		3784 Bayshore Drive				Naples, FL 34112				1
- <u>-</u>					-						
			_								
	· · · · · · · · · · · · · · · · · · ·	<u></u>									
this rein	nstatement application y the corporation has application is true an	on, the reason for dis- ve been paid and the d accurate, and my	eiver or trustee empowered solution has been eliminate names of individuals listed signature shall have the sar	ed, the corporate name s I on this form do not qua me legal effect as if mad	atisfies lify for a	the requirements in exemption unde	of section	607.0401 or 617.	0401, F.S., that The information	all fees	



MARITIME SERVICES GROUP, INC.

Documentation, Yacht Management, Education PO Box 8989 Naples, FL 34101-8989 Tel 239-262-5159 Fax 239-430-2669 Toll free 800-671-8045

November 5, 2004

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

I am enclosing our request for reinstatement along with a check for \$150. I am sending this amount based on a phone conversation with your staff. We did not receive a notice of this filing necessity until we received the notice of dissolution. The notices had apparently been sent to our physical address, which is located in a neighborhood where mail delivery is vulnerable. Therefore, we receive virtually all our mail at our USPS box.

As a new resident of Florida and only recently hired as office manager for Maritime Services Group, Inc., I was unaware of this requirement and therefore did not realize we had not filed in a timely manner. Prior to my arrival on the staff here, the company was in a state of operational disorganization following the sudden death of the owner's wife, who handled all aspects of the corporation. A stream of temporary workers who had no vested interest in the company's reputation compounded this situation. While I realize that ignorance of the requirement is not an excuse, I request that the recent circumstances be considered with the understanding that now, with full knowledge of the requirements and a commitment to compliance with the law, I will file the forms and make the payments in a timely manner.

In the meantime, I hope this enclosed filing, the payment and the accompanying explanation will satisfy your department's requirements.

Thank you for your consideration of my request for leniency in this matter.

Sincerely,

anet L. Ross