

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
05 FEB 28 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01122005 REIN-P CR2E098 (6/04) *MRP*

<b>DOCUMENT # P03000075678</b> 1. Entity Name <b>BAJA MARINE SERVICES, INC.</b>																																	
Principal Place of Business <b>564 INTERNATIONAL PLACE ROCKLEDGE, FL 32955</b>			Mailing Address <b>564 INTERNATIONAL PLACE ROCKLEDGE, FL 32955</b>																														
2. Principal Place of Business		3. Mailing Address																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																															
City & State		City & State																															
Zip		Country		Zip																													
Country		Country		4. FEI Number <div style="display: flex; justify-content: space-between;"> <span>01122005</span> <span>REIN-P</span> <span>CR2E098 (6/04)</span> </div> <div style="display: flex; justify-content: flex-end; align-items: center;"> <input checked="" type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable       </div>																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>FAIRBANKS, DENNIS F ESQ 3420 N HARBOR CITY BLVD MELBOURNE, FL 32935</b>																													
7. Name and Address of New Registered Agent Name <b>Fairbanks, Dennis F. ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>1600 Sarno Road</b> Suite <b>1</b> City <b>Melbourne</b> <b>FL</b> Zip Code <b>32935</b>				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 <i>[Signature]</i> <b>REINSTATEMENT 04-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																													
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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:** *[Signature]* **2/21/05 321-773-3704**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Urban J. Cloran