2005 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURES

DOCUMENT # P03000086511 FILED NEPTUNE MARINE OF PINELLAS COUNTY, INC. 05 MAR 16 PM 12: 48 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1046 ISLAND AVE 1046 ISLAND AVE TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 2. Principal Place of Business 3. Mailing Address PERSONSTRIPENTERSONO. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State -El Number 32-0088/29 Not Applicable • Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GUENTHNER, JOHN A., Street Address (P.O. Box Number is Not Acceptable) 1046 ISLAND AVE TARPON SPRINGS, FL 34689 Zip Code 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 ager SIGNATURE Signature, typed o (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition DPST Defete TITLE TITLE **GUENTHNER, JOHN A** NAME NAME 1046 ISLAND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 CITY-S1-ZIP 300048982**早**營 03/23/05--01008--015 **30 ☐ Addition ☐ Delete TITLE NAME NAME ***300.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition THE ISILE NAME STREET ADDRESS STREET ADDRESS CITY+S1-ZIP CITY-ST-ZIP Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-\$1-ZIP Change Addition Delete THTLE THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

February 15, 2005

Division of Corporations P. O. Box 6327 Tallahassee, Fla. 32314

Dear Sir,

Since we never received a notice for annual filing, nor the rejection letter your representative said was sent on Nov. 22, 2004, we are enclosing a check in the amount of \$300.00 for the annual fee of 2004 and 2005, filing Doc# PO3000086511 in the name of Neptune Marine of Pinellas County Inc., as your representative instructed.

We have been trying to resolve this since August of 2004. We appreciate your help in this.

Sincerely,

John Guenthner
Neptune Marine of Pinellas County

1046 Island Avenue

Tarpon Springs, Fla. 34689

Doc# PO3000086511