


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000086564		
1. Entity Name BLUE JACKET MARINE INC		

Principal Place of Business 3795 NW SOUTH RIVER DR. MIAMI, FL 33142	Mailing Address 3795 NW SOUTH RIVER DR. MIAMI, FL 33142
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED  
05 OCT 31 AM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
5/2/05 90510 013 150.00

10272005	REIN-P	CR2E098 (6/04)
4. FEI Number <del>APPLIED FOR</del> 27-0124261	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  ZAMBRANA, JAY J 1717 N. BAYSHORE DR., NO. 3537 MIAMI, FL 33132	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAMBRANA, JAY J 1717 N. BAYSHORE DR., NO. 1053 MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, JUAN 3795 NW SOUTH RIVER DR. MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ, JUAN 3795 NW SOUTH RIVER DR. MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Lopez, Juan VD	305-634-7374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

**BLUE JACKET MARINE INC.**  
**3795 NW South River Drive**  
**Miami, Florida 33142**


**October 27, 2005**

**Division of Corporations**  
**P.O.Box 6327**  
**Tallahassee, Florida 32314**

**To Whom it May Concern:**

**Responding your letter dated October 21, 2005, enclosed please find a new correction application. We request a reinstatement fee be waived because we did not received the correction letter dated May 17, 2005 from the Post Office.**

**Sincerely**



**Julia Llauro**  
**Sec.**

**Telf. (305) 634-7374 Fax. (305) 634-0363**