1 of 2

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000101686

FILED
05 APR 22 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
SISTERS MARINE, INC.

Principal Place of Business	Mailing Address
4706 61ST AVE. TERRACE WEST BRADENTON, FL 34210	4706 61ST AVE. TERRACE WEST BRADENTON, FL 34210

REINSTATEMENT 04-05

2. Principal Place of Business	3. Mailing Address
WILLIAMS ISLAND MARINA	WILLIAMS ISLAND MARINA
Suite, Apt. #, etc. 7100 ISLAND BLVD	Suite, Apt. #, etc. 7100 ISLAND BLVD
City & State AVENTURA FL	City & State AVENTURA FL
Zip 33160	Country USA
Zip 33160	Country USA

4. FEI Number
54-2128411
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

WOP

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NOLANDER, WAYNE 4706 61ST AVE. TERRACE WEST BRADENTON, FL 34210	Name NOLANDER, WAYNE Street Address (P.O. Box Number is Not Acceptable) WILLIAMS ISLAND MARINA 7100 ISLAND BLVD City AVENTURA FL Zip Code 33160

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 _____ 4/10/05
(Signature of new registered agent, if changing) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOLANDER, WAYNE 4706 61ST AVE. TERRACE WEST BRADENTON, FL 34210	☐ Delete	NOLANDER WAYNE WILLIAMS ISLAND MARINA 7100 ISLAND BLVD AVENTURA FL 33160	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900055199489 05/24/05--01074--004 **300.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____ 4/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SISTERS MARINE, INC.
WILLIAMS ISLAND MARINA
7100 ISLAND BLVD.
AVENTURA, FL 33160
954-600-2274

April 10, 2005
November 18, 2004

Secretary of State
Division of Corporations
Annual Reports Filings
409 East Gaines St
Tallahassee, Fl 32399

RE: Sisters Marine 54-2128411

To Whom It May Concern:

Please find our check for $300

Please note that we did not receive the Uniform Business Report.

We moved our location to the above address and our mail did not get forwarded.

Please accept this payment and form now and please abate all penalties and interest.

If you have any questions, please do not hesitate to contact me

Sincerely,