

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 DEC 20 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 84



AK

DOCUMENT # P03000125160 1. Entity Name VICTORY AT SEA MARINE CORP.					
Principal Place of Business 2288 DOG TRACK RD. PENSACOLA, FL 32506 ES			Mailing Address 2288 DOG TRACK RD. PENSACOLA, FL 32506 ES		
2. Principal Place of Business 2555 DOG TRACK RD		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State PENSACOLA FLORIDA		City & State 		4. FEI Number FIN 75-3136059	
Zip 32506		Country ESCAMBIA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LAWLOR, JAMES V. 2288 DOG TRACK RD. PENSACOLA, FL 32506			7. Name and Address of New Registered Agent Name LAWLOR JAMES V Street Address (P.O. Box Number is Not Acceptable) 2555 DOG TRACK RD City PENSACOLA FL Zip Code 32506		
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 James V Lawlor DATE 12-5-04 <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LAWLOR, JAMES V STREET ADDRESS 2288 DOG TRACK RD. CITY-ST-ZIP PENSACOLA, FL 32506	<input type="checkbox"/> Delete		TITLE VP NAME LAWLOR JOSEPH J. STREET ADDRESS 136 SHORE BLVD CITY-ST-ZIP KEANSBURG N.J 07734	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME SUCHICKI, CASEY J STREET ADDRESS 304 WEST SUNSET AVE. CITY-ST-ZIP PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete		TITLE T NAME TREASURER STREET ADDRESS LAWLOR JULIE M CITY-ST-ZIP 2555 DOG TRACK RD PENSACOLA FL 32506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME TREASURER STREET ADDRESS SUCHICKI, LORI CITY-ST-ZIP 304 WEST SUNSET AVE PENSACOLA FL 32507	<input checked="" type="checkbox"/> Delete		900043224333 12/07/04--01007--022--**158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: James V Lawlor JAMES V LAWLOR 12-5-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					