2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000134854 1. Entity Name RUMCAY MARINE, INC.				FILED 05 JAN 26 AM 10: 41
C/O 420 US SUITE 20 NORTH PALI	W BEACH, FL 33408 Place of Business 19 Inich Way	Mailing Address C/O 420 US HIGHWAY 1 SUITE 20 NORTH PALM BEACH, F 3. Mailing Address 219 Toll Suite, Apt. #, etc.		SECRETARY OF STATE TALLAHASSEE. FLORIDA 01242005 REIN-P CR2E098 (6/04) MR
City of State	March Shura A.	Sity & State Beach	Shore Fl 3341	4. FEI Number Applied For Applied For Not Applicable 5. Certificate of Status Desired See Required Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) SUITE 20 NORTH PALM BEACH, FL 33408 2. 4 Thirth Way City Above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable agent, or both, in the State of Florida. I am familiar with, and acceptable agent, or both, in the State of Florida. I am familiar with, and acceptable agent, or both, in the State of Florida. I am familiar with, and acceptable agent, or both, in the State of Florida. I am familiar with, and acceptable agent, or both, in the State of Florida. I am familiar with, and acceptable agent, or both, in the State of Florida. I am familiar with, and acceptable agent, or both, in the State of Florida.				
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered apent and total applicable. (NOTE: Registered Agent elignature required when reliastating) DATE				
FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
TITLE NAME STREET AODRESS CITY-ST-ZIP	P LITTLE, ROBERT SUMNER POINT MARINA GENE RUM CAY, BA BAHAMAS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jason Paruta Change Maddition 219 Inut Way PB Sholes F1. 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MYRAN, BRYAN SUMNER POINT MARINA GENE RUM CAY, BA BAHAMAS	RAL MAIL	TITLE NAME STREET ADDRESS CIFY-SI-ZIP	mind: Paluta Change Addition 217 tabt Way PR Show FL 33 YUY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100046025.55° Addition 02/04/0501037006 **300.00
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	·	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STATEMENT 04-05 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR Date Design				