

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000153625		
1. Entity Name MCKAY MARINE, INC.		

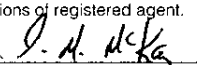
Principal Place of Business 2941 NE 18TH STREET POMPAÑO BEACH, FL 33062	Mailing Address 2941 NE 18TH STREET POMPAÑO BEACH, FL 33062
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address c/o 4817 NE 23rd Avenue Suite, Apt. #, etc.
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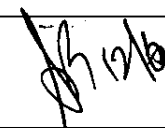
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL	4. FEI Number 20-0538591	Applied For Not Applicable
Zip 33308-4722	Country USA	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCKAY, TIMOTHY M 2941 NE 18TH STREET POMPAÑO BEACH, FL 33062	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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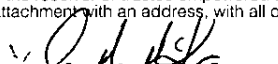
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  Timothy M. McKay, President 12/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKAY, TIMOTHY M 2941 NE 18TH STREET POMPAÑO BEACH, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D McKay, Timothy M 2941 NE 18th Street Pompano Beach, FL 33062 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200043213432 12/06/04--01047--018 **150.00 ☐ Change ☐ 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
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:  Timothy M. McKay, President 12/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
04 DEC -6 PM 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11222004 REIN-P CR2E098 (6/04)