

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 12 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000091018 1. Entity Name CSCC MARINE INC.					
Principal Place of Business 1524 N.W. MAIN BLVD. LAKE CITY, FL 32055 US			Mailing Address 1080 S.W. OLD DOGWOOD TERRACE LAKE CITY, FL 32025 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1589 Suite, Apt. #, etc.			
City & State Zip Country		City & State Lake City, FL Zip Country 32056 US		4. FEI Number 20-3061390	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent STEVENS, CHAD H 801 SW 57TH TER GAINESVILLE, FL 32607			7. Name and Address of New Registered Agent Name Chad H. Stevens Street Address (P.O. Box Number is Not Acceptable) 231 NW Burk Ave Apt 103 City Lake City State FL Zip Code 32055		
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 <u>Chad Stevens</u> Chad Stevens 10/10/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 NAME STREET ADDRESS CITY-STATE-ZIP	P STEVENS, CHAD H 801 SW 57TH TER GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P Chad H Stevens 231 NW Burk Ave Apt Lake City, FL 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P COLEMAN, CHRISTOPHER B 1080 S.W. OLD DOGWOOD TERRACE LAKE CITY, FL 32025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S/V Coleman, Christopher B. 1010 SW Logan Glen Apt 103 Lake City, FL 32025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	REINSTATEMENT 10/10/06		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	300080779403 10/12/06--01049--020 **158.75	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-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 exemptions contained in Chapter 119, 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: <u>Chad Stevens</u> Chad H. Stevens 10/10/06 352-213-2603 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					