

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

08 FEB 21 PM 4:38


SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JM 2-21-08

REINSTATEMENT

CR2E081 (12/07)

06-08

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 805 000 159 512

1. Corporation Name
Black Gold Marine, Inc.

2. Principal Office Address - No P.O. Box #
2115 Bayou Black Drive

3. Mailing Office Address
2115 Bayou Black Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Houma, LA

City & State
Houma, LA

Zip Country
70360 USA

Zip Country
70360 USA

4. Date Incorporated or Qualified To Do Business in Florida **12/05/2005**

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Snyder, John

Street Address (P.O. Box Number is Not Acceptable)
112 West 9th Street

Suite, Apt. #, Etc.

City
Panama City

State Zip Code
FL 32401-2511

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

John Snyder
REGISTERED AGENT MUST SIGN

Date **02/19/2008**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Pandellis, George	2115 Bayou Black Drive	Houma, LA 70360
V	Desandro, Tim	2115 Bayou Black Drive	Houma, LA 70360
S	Guimbello, Chris	1276 Montreal Circle	Tucker, GA 30084

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Chris Guimbello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Guimbello

02/19/2008 770-270-1180

Date

Daytime Phone #