

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000009370

1. Corporation Name

Intracruise Marine, Inc.

WI-8680

2. Principal Office Address - No P.O. Box #

1125 SW 46th St.

Suite, Apt. #, etc.

City & State

Cape Coral

Zip

33914

Country

LEE

3. Mailing Office Address

1125 SW 46th St.

Suite, Apt. #, etc.

City & State

Cape Coral

Zip

33914

Country

LEE

FILED
10 MAR 10 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

800169561228
02/18/10--01002--025 **300.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 1/22/2007

5. FEI Number
27-1881522

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
Michael Chmura

Street Address (P.O. Box Number is Not Acceptable)
1125 SW 46th St.

Suite, Apt. #, Etc.

City
Cape Coral

State Zip Code
FL 33914

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.

800169561228
03/11/10--01002--015 **150.00

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

Michael Chmura

REGISTERED AGENT MUST SIGN

Date 2/11/2010

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	Michael Chmura	1125 SW 46th St.	Cape Coral, FL 33914

20 3/11

10. E-mail Address: mykntoyz@gmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Michael Chmura

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/2010

Date

Daytime Phone #