PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION PILLED PRETARY OF STATE PRISION OF CORPORATION Sandra B. Mortham FOR • Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS **DOCUMENT # १**५०१७५ 99 AUG 10 PM 1:09 1. Corporation Name With Maritel Corporation Mailing Address
PO BOX 6826 Principal Place of Business 458 Courthouse Rd Gulfport, mg Gulfport, MS 39506 STATEMENT 96-94 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 4/10/69 Suite, Apt #, etc Suite, Apt. #, etc 5. FEI Number Applied For City & State City & State 58-1791811 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Country 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Gulfport, nos 37507 459 Courthouse Rd Direct R. Depriest Donald Gulfport, Misgason Mitchell Hauser 450 Courthouse Rd Gulfpurt, MS 27507 452 Courthouse Rd Sea. John Slater Gulfpart, ms 39500 452 Courthouse RA Michael Weinstein (40 452 Courthouse Rd Richard Soney Dir. Gulfpory, MS 39507 8. Name and Address of Current Registered Agent Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable) Phil Lustig 1201 Hays Street 7777 Davie Rd. Suite, Apt. #, Etc. Suite 302 State | Zip Code Hollywood, FL 33024 Tallahassee

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607,0505, F.S. 32301 Jacqueline M Caspe REGISTERED GENT MUSISIGN Signature of // Registered Agent 7-28-99 11. This corporation owes or has paid the current year (See other side for information on intangible tax) Intangible Personal Property tax due June 30. Yes 🗀 12. 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 under section 119.07(3)(i), 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. EXA/99 (228)897-7770
Daylime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR