

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

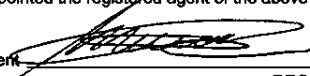
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~~REINSTATEMENT~~ 00-04

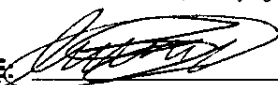
<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P9200004721			
<b>1. Corporation Name</b> EAGLE Towing & Salvage, Inc			
<b>2. Principal Office Address</b> 4700 NW 72Ave		<b>3. Mailing Office Address</b> same	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Miami, Florida		City & State N/A	
Zip 33166	Country USA	Zip N/A	Country N/A

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11/16/92	
<b>5. FEI Number</b> 05-0322762	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>	
Name MARCOS FERNANDEZ	
Street Address (P.O. Box Number is Not Acceptable) 4700 NW 72 AVE.	
Suite, Apt. #, Etc. N/A	
City Miami	State FL
Zip Code 33166	

<b>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.</b>	
Signature of Registered Agent 	Date 1-5-04
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
Pres.	Marcos Fernandez	4700 NW 72 AVE	Miami, FL

<b>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 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.</b>	
<b>SIGNATURE</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1-5-04 Daytime Phone # (305) 262-4444

CR2001 (10/02)