2004 FOR PROFIT CORPORATION REINSTATEMENT

OCUMENT # P930000	PATEMENT	ATHE STATE OF THE	FILED
JOCUMENT # P930000 . Entity Name FODD MARINE, INC.	U34UZ		04 NOV -8 PH 1: 29
			SECRETARY OF STATE
incipal Place of Business	Mailing Address		TALLAHASSEE, FLORD
05-108 BEACH BLVD KSONVILLE, FL 32250 US	2305-108 BEACH BLVD JACKSONVILLE, FL 3225		
Principal Place of Business 1945 Patton Rd	3. Mailing Address 10945 Patton I	<del>, , ,</del>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		. 10112004 REIN-P CR2E098 (6/04)
City & State Control of the Control	City & State  Jacksonville I	/1.805-	4. FEI Number Applied For 59-3157697 Not Applicable
Zip Country 2246	Zip 32246	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Curr			7. Name and Address of New Registered Agent
OWIN, W HELD JR	النها والمستودات المتهامية والما		id L Taus
301 RIVERPLACE BLVD	•	Street Address	(P.O. Box Number is Not Acceptable) San Jose Place Ste 21
TE 1916 ACKSONVILLE, FL. 32207			Dan Joseph Laure De Company
(Principal Habitation Wiles Co. C.)		City Jac	ssonville FL Zip Cod 2257
The above named entity submits this statement	nt for the purpose of changing its re		ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent			10/04
GNATURE CALLYO	<u>~~ ·                                    </u>	n 1.5 <u>3.4</u>	/0/18/V)
- Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: I	Registered Agent signature rec	uired when reinstating) and the second secon
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$90	NO DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
. OFFICERS A	Delete	TITLE ' "	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI
ME TODD, JEFFREY		THE STATE .	A NA SATE SATE
Y-ST-ZIP JACKSONVILLE, FL 32223			Ministració Ministració de la Constantida de la Constantida de la Constantida de la Constantida de Constantida
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EET ADDRESS Y-ST-ZIP	with this filing does not qualify for fort is true and accurate and that my empowered to execute this report as ss, with all other tike empowered.		Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if
r-ST-ZIP  Thereby certify that the information supplied indicated on this report or supplemental report the corporation or the receiver or tustee changed, or on an attachment with an address IGNATURE:	with this filing does not qualify for it is true and accurate and that my impowered to execute this report as ss, with all other tike empowered.  OR PRINTED NAME OF SIGNING OFFICER OF	he exemption stated in signature shall have th s required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if