


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000003402 1. Entity Name TODD MARINE, INC.	
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FILED
04 NOV -8 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2305-108 BEACH BLVD JACKSONVILLE, FL 32250 US	Mailing Address 2305-108 BEACH BLVD JACKSONVILLE, FL 32250 US
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2. Principal Place of Business 10945 Patton Rd Suite, Apt. #, etc.	3. Mailing Address 10945 Patton Rd Suite, Apt. #, etc.
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10112004 REIN-P CR2E098 (6/04)

City & State Jacksonville FL	City & State Jacksonville FL		
Zip 32246	Country	Zip 32246	Country

4. FEI Number 59-3157697	Applied For Not Applicable
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6. Name and Address of Current Registered Agent EDWIN, W HELD JR 1301 RIVERPLACE BLVD STE 1916 JACKSONVILLE, FL 32207	7. Name and Address of New Registered Agent Name David L Taus Street Address (P.O. Box Number is Not Acceptable) One San Jose Place Ste 21 City Jacksonville FL Zip Code 32257
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *David L Taus* 10/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TODD, JEFFREY 2748 SCOTT MILL LANE JACKSONVILLE, FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffrey Todd* 10/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #