PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000005113

1. Corporation Name DOUG HUGENBERG MARINE CONSTRUCTION, INC.

W-57360

700003170477--1
-03/15/00--01013--020
***1500.00 ***1500.00

REINSTATEMENT 95-00

2. Principal Office Address	3. Mailing Office Address
4311 82ND ST W	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON FL	City & State: FL
Zip: 34209 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1993

5. FEI Number: 650386217 (K1) — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [Y] — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DOUGLAS HUGENBERG

Street Address (P.O. Box Number is Not Acceptable): 4311 82ND ST. W.

Suite, Apt. #, Etc.:

City: BRADENTON State: FL Zip Code: 34209

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: _____ Date: 2/21/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PRES DTSV	DOUG HUGENBERG	4311 82nd ST W	BRADENTON, FL 34209

Adm- 350.00
AR- 61.25
ARSupp- 88.75

KE

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.

SIGNATURE: _____ 2/21/00 792 5685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #