2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000040537

Entity Name: SDIVAZI MADINE CODDODATION

6254 S. DIXIE HIGHWAY

MIAMI, FL 33143

Address:

City-St-Zip:

FILED Nov 20, 2006 Secretary of State

Entity Nar	me: SPIVAZI	MARINE CORPORATION			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6254 S. DI MIAMI, FL	XIE HIGHWA` 33143 US				
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
6254 S. DI MIAMI, FL	XIE HIGHWA` 33143 US				
FEI Number:	65-0415022	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
POWELL TZELEPIS, MARY 6254 S. DIXIE HIGHWAY MIAMI, FL 33143 US				6254 S. DÍXIE HIGHWAY	
	named entity e of Florida.	submits this statement for the pu	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: MARY TZELEPIS				11/20/2006	
	Electro	nic Signature of Registered Ager	nt	Date	
		93(2)(b), F.S., the corporation did not	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (TZELEPIS, GE 6254 S. DIXIE MIAMI, FL 331	HIGHWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (TZELEPIS, MA 6254 S. DIXIE MIAMI, FL 331	HIGHWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (TZELEPIS, GE 6254 S. DIXIE MIAMI, FL 331	HIGHWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T (MARY TZELEF) Delete PIS.	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARY TZELEPIS VP 11/20/2006