192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG -3 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000043219

REINSTATEMENT 94-05

1. Corporation Name
OFFshore PRODUCTS, Inc.

2. Principal Office Address	3. Mailing Office Address
13010 Morris RD.	Same
Suite, Apt. #, etc.: 6TH FLOOR	Same
City & State: Atlanta, GA	Same
Zip: 30004 Country: USA	Zip: Same Country: Same

4. Date Incorporated or Qualified To Do Business in Florida: 6-18-93

5. FEI Number: Applied For ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Wyly WADE

Street Address (P.O. Box Number is Not Acceptable): 3921 W BAY Ave

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33616

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: Wyly Wade Date: 8-2-05
REGISTERED AGENT MUST SIGN

CR2E061 (10/01)

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	Merk Gray	11230 Blackstone Way	Suwanee, GA 30024
Sec	Merk Gray	"	"

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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: 8-2-05 404-543-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2982

Offshore Products
Incorporated

August 2, 2005

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32314

Gentlemen:

It has come to our attention that our corporation has been administratively dissolved due to a delinquent annual report filing. Both our company and my personal address has changed since our last report filing and we did not receive any notification or form(s) 1994 to be filed at any time. Our current address information is printed on the Corporate Reinstatement form.

Please find enclosed our corporate reinstatement form and money order in the amount of $1,965.00 (Nineteen Hundred and Sixty-five Dollars). Please reinstate our corporation as soon as possible. If you need any additional information regarding this please feel free to contact me.

Thank you very much for your assistance in this matter.

Sincerely,

Mark E. Gray, President

One Corporate Center ▪ 13010 Morris Road, Sixth Floor ▪ Atlanta, Georgia 30004
Telephone: (678) 417-2264 ▪ Fax: (678) 584-5575