


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 <div style="display: inline-block; text-align: left;"><b>CORPORATION REINSTATEMENT</b></div> <div style="display: inline-block; text-align: center; margin-left: 20px;"><b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Hargis</b> Secretary of State DIVISION OF CORPORATIONS</div>		<b>FILED</b> <b>00 NOV 28 PM 1:35</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT #</b> <u>993000067586</u>			
<b>1. Corporation Name</b> <u>St. Augustine Towing &amp; Salvage, Inc.</u>			
<b>2. Principal Office Address</b> <u>30 Sea Park Dr</u> <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> <u>P.O. Box 4576</u> <small>Suite, Apt. #, etc.</small>	
<b>City &amp; State</b> <u>St. Augustine FL</u>		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>9/29/1993</u> <b>SP</b>	
<b>Zip</b> <u>32080</u>	<b>Country</b> <u>St. Johns</u>	<b>5. FEI Number</b> <u>59-3202313</u> <small>Applied For Not Applicable</small>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>			
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> <u>Cheryl Ambielli</u>			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>30 Sea Park Dr</u>			
<b>Suite, Apt. #, Etc.</b> <u></u>			
<b>City</b> <u>St. Augustine</u>		<b>State</b> <u>FL</u>	
		<b>Zip Code</b> <u>32080</u>	
<b>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.</b>			
<b>Signature of Registered Agent</b> <u>Cheryl Ambielli</u>		<b>Date</b> <u>11/4/00</u>	
<b>REGISTERED AGENT MUST SIGN</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<u>Pres</u>	<u>Cheryl Ambielli</u>	<u>30 Sea Park Dr.</u>	<u>St. Augustine, FL 32080</u>
<u>V. Pres</u>	<u>John Ambielli</u>	<u>30 Sea Park Dr.</u>	<u>St. Augustine, FL 32080</u>
<u>Treasurer</u>	<u>Shawn Ambielli</u>	<u>17-B Fountain of Youth BND</u>	<u>St. Augustine, FL 32080</u>
<u>Sec.</u>	<u>John Ambielli, III</u>	<u>4 Moultrie Place, Unit E</u>	<u>St. Augustine, FL 32084</u>
<b>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.</b>			
<b>SIGNATURE:</b> <u>Cheryl Ambielli</u>		<u>Cheryl Ambielli</u>	<u>11/4/00</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small> <u>904-824-9969</u>

CR2E081 (9/99)