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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000007465

1. Corporation Name

B.W. Marine, Inc.

2. Principal Office Address	3. Mailing Office Address
5000 N. Parkway	Same as Principal Office
Suite, Apt. #, etc. Suite 107	Suite, Apt. #, etc. Same as Principal Office
City & State Calabasas California	City & State Same as Principal Office
Zip 91302-1400 Country USA	Zip Same as Principal Office Country

4. Date Incorporated or Qualified To Do Business in Florida 1/20/94

5. FEI Number 65-0460447 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

7. Name and Address of Current Registered Agent

Name: Robb R. Maass c/o Alley, Maass, Rogers & Lindsay, P.A.

Street Address (P.O. Box Number is Not Acceptable): 321 Royal Poinciana Plaza

Suite, Apt. #, Etc.:

City: Palm Beach State: FL Zip Code: 33480

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: [signature] Date: 10/18/02

Robb. R. Maass REGISTERED AGENT MUST SIGN

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
D,P	Robert Wiviott	10601 Wilshire Blvd. 20 West	Los Angeles, CA 90024

02 [redacted]

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: [signature] 10/24/2002 818-519-0530

SIGNATURE AND TYPED OR PRINTED NAME OF RICHER OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
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CORPORATION REINSTATEMENT

B.W. MARINE, INC.

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