

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 16 PM 1:13

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P94000048848

1. Corporation Name

Maritime Development, Inc.

2. Principal Office Address

126 NE 1st Ave.

3. Mailing Office Address

126 NE 1st Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dania, Florida

City & State

Dania, Florida

Zip

33004

Country

Zip

33004

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

06/29/1987

5. FEI Number

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

John Mackenzie

Street Address (P.O. Box Number is Not Acceptable)

126 NE 1st Avenue

Suite, Apt. #, Etc.

City

Dania

State

FL

Zip Code

33904

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

REGISTERED AGENT MUST SIGN

Date

7/12/01

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
DP	John Mackenzie	126 NE 1st Ave.	Dania, Florida 33004

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:

John Mackenzie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/01

Date

954-646-6192

Daytime Phone #

CR2E081 (9/00)