

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000067002			
Corporation Name Zeb Watts Marine Services, Inc.		Principal Place of Business 1725 Pine Ave. Niceville FL. 32578	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 1994		5. FEI Number 59-3265131	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
pres.	Zeb Watts	1725 Pine Ave.	Niceville FL. 32578
8. Name and Address of Current Registered Agent Zeb Watts 1725 Pine Ave. Niceville FL. 32578		9. Name and Address of New Registered Agent V. SHEPARD Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Zeb Watts REGISTERED AGENT MUST SIGN Date			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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 190.03(3)(b), 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. V. SHEPARD AUG 17 1999			
SIGNATURE: Zeb Watts SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Zeb Watts Pres. Date 7/30/99 Daytime Phone # (850) 678-3337	

FILED
99 AUG 13 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-99

400002961384-7
-08/17/99 -01002--008
***1350.00 ***1350.00

CR2E081 (12/98)