

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

THIS FORM
AND
FILED

1997 JAN 10 AM 8:59

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # P95000092329

1. Corporation Name
FRANTZ MARINE CONSTRUCTION, INC.

Principal Place of Business Mailing Address
2-BAYSHORE DRIVE FREEPORT-FL
1043 STEPHEN DR
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: 1043 Stephen Dr, Suite, Apt. #, etc.
3. New Mailing Office Address, If Applicable: 1043 Stephen Dr, Suite, Apt. #, etc.
4. Date Incorporated or Qualified To Do Business in Florida: 12/04/1995
5. FEI Number: 59338847
6. CERTIFICATE OF STATUS DESIRED [] \$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	William H Frantz	1043 Stephen Dr	Niceville, FL 32578
Sec/Treas	Margaret Frantz	1043 Stephen Dr	Niceville, FL 32578

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****375.00 ****375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent: NEWMAN, RAYMOND F JR, 150 EGLIN PARKWAY NE, FT WALTON BEACH FL 32548
9. Name and Address of New Registered Agent: JOHN D PETERSON, 119 JOHN SIMS PARKWAY, NICEVILLE, FL 32578

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: [Signature] Date: 12/28/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No [X] (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 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] MARGARET FRANTZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12/28/96 Daytime Phone #: (904) 729-1120

CR2E040 (7/96)