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. 🏂 🔃 PLEÁSE REA	D ÂLL INST	RUCTIONS	BEFORE C	OMPLETING THIS:FORM:	
APPLICATION -	FLORID	A DEPARTMEN	NT OF STATE		
FOR Secretary of States				FILED	
REINSTATEMENT DIVISION OF CO				,	
DOCUMENT # P950000936	47	_ <del></del>	•	00 FEB -7 PM 4:31	
1. Corporation Name	47		,		
Salpo dila mana	1			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
			-	TALLAMACOLL, 1201121	
MARINE TRADING INTERNATION Principal Place of Business	IAL, INC. Mailing Addres	SS	·		
11924 FORREST HILL BLVD				A ST	
SUITE 22-253				- THE AREA OR - M	
WELLINGTON, FL 33434  If above addresses are incorrect in any way, line to	hrough incorrect in	2000000 formation and enter	2277 correction below.	REINSTATEMENT 98-00	
New Principal Office Address, If Applicable     3. New Mailing Office Address, If Applicable			Applicable	4. Date Incorporated or Qualified	
Suite, Apt. #, etc. Suite, Apt. #, etc.				To Do Business in Florida 12/07/1995  5. FEI Number Applied For	
City & State City & State			<del></del>	5. FEI Number   Applied For   65-0636705   Not Applicable	
ZioCountry	Zip	Countr	V	6.	
	ا منده ت		مهنوش دنيي	CERTIFICATE OF STATUS DESIRED X Tor. a Cartificate of Status	
7. Names and Street Addresses of Each Officer  Name of Officers	and/or Director (Flo	Str	eet Address of Eac	sh i	
Title(s) and/or Directors 2		Officer and/or Director 3 (Do NOT Use Post Office Box			
BATEMAN, STUART		11924 FORF	REST HILL BL	VD	
CS,T	<del>-</del>	SUITE 22-25	53	WELLINGTON, FL 33434	
,	I				
				6000031720166 -03/16/0001023008	
			,	***1058.75 ***10 <b>5</b> 8.75	
	<del></del>		· · · · · · · · · · · · · · · · · · ·		
			<u> </u>		
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent	
STUART BATEMAN					
1924 FORREST HILL BLVD			Street Address (P.O. Box Number is Not Acceptable)		
SUITE 22-253			Suite, Apt. #, Etc.		
VELLINGTON, FL 33434			City State Zip Code		
I, being appointed the registered agent of the agent ag	above named corno	oration am familiar	with and accept the	P obligations of Section 607 0505 F.S	
Signature of		+		2 (2 (m)	
Registered Agent F	REGISTERED AGE	ENT MUST SIGN		Date 4	
This corporation owes or Intangible Personal Prope	•	_	ear Yes 🗓	(See other side for information on intangible tax.)	
I certify that I am an officer or director or the re filing this reinstatement application, the reason	eceiver or trustee er n for dissolution had n paid and the nam	mpowered to execu s been eliminated, the of individuals liste	te this application a the corporate name ed on this form do r	as provided for in chapter 607 or 617, F.S. I further certify that when a satisfies the requirements of section 607.0401 or 617.0401, F.S., not qualify for an exemption under section 119.07(3)(i), F.S. The	
			-7	T. 76.	
SIGNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF S	SIGNING OFFICER OF	R DIRECTOR	January 7600 Date Daytims Phone #	

STF FL32474F.1