

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
DIVISION OF CORPORATIONS
03 MAY -7 PM 12:20

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000033187**

1. Corporation Name

MARLINE TECHNICAL SERVICES, INC.

2. Principal Office Address

405 ATLANTIS ROAD

Suite, Apt. #, etc.

SUITE B

City & State

CAPE CANAVERAL

32920

Country

US

3. Mailing Office Address

405 ATLANTIS ROAD

Suite, Apt. #, etc.

SUITE B

City & State

CAPE CANAVERAL

Zip

32920

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/1996

5. FEI Number

59-3426093

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

O'BRIEN, JAMES M

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

1686 WEST HIBISCUS BLVD.

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32901

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

4/28/03

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	GALLUZZI, MICHAEL	405 ATLANTIS ROAD, STE A	CAPE CANAVERAL, FL 32920

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

321-799-4441

Daytime Phone #

AD

CR2E081 (10/02)