PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	Se	DEPARTMENT OF State				MAR TO AH 9 AND AH ST AMASTE, FLO		
DOCUMENT # P96000043626 1. Corporation Name						ratt	_AliAb itz,illi	Atlin	
Dart Marine, Inc.									
					정된됐	ISTAT		14-06	
-	Il Office Address	1	3. Mailing Office Address P.O. Box 15128				E081 (12/05)	Contract The Contract of the C	
304 Ponita Ave Suite, Apt.,#, etc.		Suite, Apt. #, etc.				CAZE	2081 (1203)		
						orated or Qualific	5-15	910-	
City & State		City & State			5. FEI Numbe			pplied For	
Pa ^{Zip}	nama City FL Country	Panan Zip	na City FL			3380770		ot Applicable	
324		32406	Country		G. CERTIFICATE	OF STATUS DESI	RED \$8.75 Addition		
7. Name and Address of Current Registered Agent									
	Ricardo F White								
	Street Address (P.O. Box Number is Not Acceptable) 304 Bonita Ave								
Suite, Apt. #, Etc.								-	
	City						0-4-	_[
	City Panama Cit	У					^{Code} 32401		
8. I, being appointed the registered agent of the above famed corporation, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date REGISTERED AGENT MUST SIGN									
9. Names	and Street Addresses of Each Officer ar	id/or Director (Flori	ida nonprofit corporatio	ns must list at lea	ast 3 directors)				
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
Р	Ricardo F White		304 Bonita Ave			Panama City FL 32401			
VP	Dennis D Douğlas		3817 Moss Hill Rd		Vernon FL 32462				
	7 14 000069051110 13/31/0601038021 **1050-0) 050.00		
				71 '					
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/fisted on this form do not qualify for an exemption contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #									