PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 97 REINSTATEMENT

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

APPROVED AND FILED

97 NOV 25 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000070750

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-12/02/97--01017--014
****750.00 ****750.00

1. Corporation Name
Marine Construction & Dredging of Navarre, Inc

Principal Place of Business / Mailing Address
1469 Arkansas St.
Navarre FL. 32566

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
Aug. 26, 1996

5. FEI Number
59 3389990
Applied For
Not Applicable

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)

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
President	Chris Hering	1469 Arkansas St.	Navarre FL. 32566
Secretary Treas	PAULA Hering	1469 Arkansas St.	Navarre FL. 32566

REINSTATEMENT 97

A. Alan 11/25/97

8. Name and Address of Current Registered Agent

Richard E. Jesmonth
217- A East Intendencia St.
Pensacola, FL 32501

9. Name and Address of New Registered Agent

Name: Alan B. Bookman
Street Address (P.O. Box Number is Not Acceptable): 30 S. Spring St.
Suite, Apt. #, Etc.:
City: Pensacola
State: FL
Zip Code: 32501

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] REGISTERED AGENT MUST SIGN
Date: 11/24/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(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: Chris Hering President 11-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/96)