PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR 19 PM 3:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000082233

1. Corporation Name

MARINE REALTY, INC.

W10 – 11596

900171395459
03/08/10--01005--006 **150.00

REINSTATEMENT 08-10

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 401 S.W. 1st Avenue | SAME |
| Suite, Apt. #, etc.: Suite 101 | Suite, Apt. #, etc. |
| City & State: Fort Lauderdale, FL | City & State |
| Zip: 33301 Country: U.S. | Zip Country |

4. Date Incorporated or Qualified To Do Business in Florida: 10/03/1996

5. FEI Number: 650701360 ☐ 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: Elliott Goldberg, Esq.

Street Address (P.O. Box Number is Not Acceptable): One East Broward Blvd.

Suite, Apt. #, Etc.: Ste. 700

City: Fort Lauderdale, FL State: FL Zip Code: 33301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

900171395459
03/19/10--01042--001 **308.75

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: _____ Date: March 1, 2010

REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| P | Christopher W. Denison | 6397-2 Bay Club Drive | Fort Lauderdale, FL 33308 |
| ST | Ann Denison | Same | Same |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: Kitdenison@aol.com
(To be used for future annual report notification)

11. 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. I further certify, 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: _____ 3/1/10 Christopher W. Denison 3/1/10 (954) 614-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/19
AD