PLEASE READ A	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FO	DRM.	- 1
APPLICATION FOR Secretary of State Division of corporations				# 1			
DOCUMENT # <b>P96000084262</b>				97 NOV -7 AM 11: 50			
1. Corporation Name  G AND B MARINE, INC.				SECRETARY OF STATE TALLAHASSEE FLORIDA			
Principal Place of Business 148 WATERS EDGE DRIVE JUPITER FL 33477	Mailing Address  148 WATERS EDGE DRIVE JUPITER FL 33477						
If above addresses are incorrect in any way, fine through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail Sulte, Apt. #, etc. Sulte, Apt. #		ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida      FEI Number		10/11/1996	
City & State City & State					r	Applied F Not Appli	
Zip Country	Zip Country		,	6. CERTIFICATI	E OF STATUS DESIRED	\$8.75 Additional Fee re for a Certificate of St	equired tatus
7. Names and Street Addresses of Each Officer and/or Director (Florida Name of Officers and/or Directors and/or Directors 1 Robert Blum		ida nonprofit corporations must list at lea Street Address of Each Officer and/or Director (Do NOT Use Post Office Box N  I & Workers Edet			Supiter,	City/State/Zip	
			34 Spyglass Lome 48 waters Edge		Jupiter, FL 38477		
					Jupiter, FL 33477		
reasoner Betty L. Godfr	134 Spy9	less lane	Jupiter, FC 33477				
			974071 W. HELL 2010 L. C.	3.	000025 -11/12/ ****16	}44561 9701088022 5.00-****165.0	-3 30-
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent			
TANNENBAUM, MICHAEL D 2181 PALM BEACH LAKES BLVD SUITE 304 WEST PALM BEACH FL 33409			Street Address (P.O. Box Number is Not Acceptable)				CR2E040 (8/97)
			City State Zip Code				
10. I, being appointed the registered agent of the above Signature of Registered Agent		oration, am familiar wi	h and accept the ob	oligations of Secti	on 607.0505, F.S.	1FL   3497	
11. This corporation owes or ha Intangible Personal Property			Yes 🗌	No 🂢		other side for information on Intangible tax.)	7
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolowed by the corporation have been paid and the number on this application is true and accurate, and my sign	ution has been ames of individ	eliminated, the corpouals listed on this forn	rate name satisfies to n do not qualify for a	the requirements an exemption und	of section 607.0401 o	or 617.0401, F.S., that all fee	es e
SIGNATURE: SIGNATURE AND TYPED OR PRIM	NITE DIAME OF S	SIGNING OFFICER OF E	DIRECTOR		10/29/97 Date	561-747-36	16