

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000099273

1. Corporation Name

SUNSPASH MARINE ENTERPRISE INC.

Principal Place of Business

203 12TH ST W
PALMETTO FL 34221

Mailing Address

203 12TH ST W
PALMETTO FL 34221

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.

Dity & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CEO	CARNES, LORENZO L CEO CARNES, LORENZO L.	203 12TH ST W 203 12th St. W	PALMETTO FL 34221 PALMETTO, FL 34221
V	LISK, BRAD	100 HIGHLAND AVE #B	BRADENTON BEACH FL 34217
G	GRIPPIN, TAMMIE Thomas, Rosalyn	3223 3RD ST W #19 8307 6th Place W.	BRADENTON FL 34205 Punta Gorda, FL 34221
T	WILLIAMS, FLOYD	317 11TH ST DR W #B	PALMETTO FL 34221
CEO	FORD, AMANDA	203 12TH ST W	PALMETTO FL 34221
P	FORD, AMANDA	203 12th ST W	PALMETTO FL 34221

8. Name and Address of Current Registered Agent

CARNES, LORENZO L
203 12TH ST W
PALMETTO FL 34221

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 300002000110-5
-01/07/98-01034-006
City ****236-25 ****236-25
State FL Zip Code

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

REGISTERED AGENT MUST SIGN

Date 12-29-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-97 722-8593

Date Daytime Phone #

FILED

97 DEC 31 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97

4. Date Incorporated or Qualified To Do Business in Florida	12/09/1996
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

CR2E040 (8/97)