

01-02 UBR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -1 PM 4:00

DOCUMENT # A96000101116

1. Corporation Name

Marauder Marine Inc.

2. Principal Office Address

3650 Drew Lane

Suite, Apt. #, etc.

3. Mailing Office Address

3650 Drew Lane

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

Zip

34652

Country

Pasco

Zip

34652

Country

Pasco

4. Date Incorporated or Qualified
To Do Business in Florida

7-96

5. FEI Number

59-3368497

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

Gerald D. Scott Jr

Street Address (P.O. Box Number is Not Acceptable)

4925 Ladyfish Ct.

Suite, Apt. #, Etc.

200005326732-2

-04/23/02--01065-004

***300.00 ***300.00

City

New Port Richey

State

FL

Zip Code

34652

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

[Signature]

Date

3-26-02

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
<u>Pres</u>	<u>Gerald D. Scott Jr</u>	<u>4925 Ladyfish Ct</u>	<u>New Port Richey, FL 34652</u>
<u>VP</u>	<u>Amy K Scott</u>	<u>4925 Ladyfish Ct</u>	<u>New Port Richey, FL 34652</u>

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 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] Amy K. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-02 727-8430K1

Date

Daytime Phone #

CR2E081 (9/01)