PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 16 PM 2:09

CORPORATION REINSTATEMENT

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

DOCUMENT # P97000006745

1. Corporation Name
DELRAY MARINE, INC.

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REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
2000 N. FEDERAL HIGHWAY	2000 N. FEDERAL HIGHWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FLORIDA	City & State: DELRAY BEACH, FLORIDA
Zip: 33483 Country: U.S.A.	Zip: 33483 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: January 17, 1997

5. FEI Number: 65-0726497 ☐ 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: JOHN N. GIORDANO

Street Address (P.O. Box Number is Not Acceptable): 220 S. FRANKLIN STREET

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33602

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: 11/16/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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,S,D	LINN D. HEATON	2000 N. FEDERAL HIGHWAY	DELRAY BEACH, FL 33483
VP,D	LEE W. HEATON	2000 N. FEDERAL HIGHWAY	DELRAY BEACH, FL 33483
VP,D	JOHN HAMER	2000 N. FEDERAL HIGHWAY	DELRAY BEACH, FL 33483

AD

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: _____ 11/19/01 561-293-1126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 4115
JOHN HAMER, VICE PRESIDENT

FACSIMILE AUDIT No. H01000115082 9

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

DELRAY MARINE, INC.

Certificate of Status	0
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