

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 NOV -7 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| DOCUMENT # P97000022363 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Entity Name EAGLE MARINE SERVICES, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 518 NW KILPATRICK AVE. PORT ST LUCIE, FL 34983 | | | Mailing Address 518 NW KILPATRICK AVE. PORT ST LUCIE, FL 34983 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 1002 SW Hamrock Ave Suite, Apt. #, etc. | | | 3. Mailing Address same | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Port St Lucie | | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip FL | | Country St Lucie | | Zip 34953 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent HEYNA, ROBERT F 518 NW KILPATRICK AVE. PORT ST LUCIE, FL 34983 | | | | 7. Name and Address of New Registered Agent | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | City | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | FL | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: | | | | DATE: 10-20-05 | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HEYNA, ROBERT F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>518 NW KILPATRICK AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT ST LUCIE, FL 34983</td> <td></td> </tr> </table> | | | | TITLE | P | <input type="checkbox"/> Delete | NAME | HEYNA, ROBERT F | | STREET ADDRESS | 518 NW KILPATRICK AVE | | CITY-ST-ZIP | PORT ST LUCIE, FL 34983 | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>300061219223</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11/07/05--01060--016</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>**150.00</td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 300061219223 | | STREET ADDRESS | 11/07/05--01060--016 | | CITY-ST-ZIP | **150.00 | |
| TITLE | P | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | HEYNA, ROBERT F | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: | | | | Date: 10-20-05 | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # | | | | | | | | | | | | | | | | | | | | | | | | | |