

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC -3 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000030237

1. Corporation Name

GHOST DANCE MARINE, INC.

2. Principal Office Address

6900 NW 9TH BLVD

3. Mailing Office Address

6900 NW 9TH BLVD

Suite, Apt. #, etc.

SUITE C

Suite, Apt. #, etc.

SUITE C

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32605

Country

USA

Zip

32605

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

04-03-97

5. FEI Number

59-3451260

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

W. PRESTON BLAKE

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

6900 NW 9TH BOULEVARD

Suite, Apt. #, Etc.

SUITE C

City

GAINESVILLE

State

FL

Zip Code

32605

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****750.00

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

W. Preston Blake

Date

11-29-01

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
D	W. PRESTON BLAKE	6900 NW 9TH BOULEVARD SUITE C	GAINESVILLE, FL 32605

REINSTATEMENT 01-18

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:

W. Preston Blake

W. PRESTON BLAKE

Date

11-29-01

Daytime Phone #