

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

142

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

04 JUL -9 AM 11:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

MARINE INDUSTRIAL SPARES, INC

2. Principal Office Address

3. Mailing Office Address

503 EGGERT POINT CIR

503 EGGERT POINT CIR

Suite, Apt., Etc.

Suite, Apt., Etc.

City & State

City & State

BOLA RATON

BOLA RATON FL

Zip

Country

Zip

Country

33431

USA

33431

USA

REINSTATEMENT 99-04

4. Date Incorporated or Qualified

To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

65-0744384

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BARRY MAZER

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

503 EGGERT POINT CIR

Suite, Apt., Etc.

City

BOLA RATON

State

FL

Zip Code

33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

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
PRES	BARRY MAZER	503 EGGERT POINT CIR	BOLA RATON FLORIDA 33431

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2 of 2

Marine Industrial Spares, Inc.
5053 Egret Point Cir
Boca Raton, Fl 33431

April 24, 2004

Secretary of State
Division of Corporations
Annual Reports Filings
409 East Gaines St
Tallahassee, Fl 32399

RE: Marine Industrial Spares, Inc 65-0744384

To Whom It May Concern:

Please find our check for \$300

Please note that we did not receive the Uniform Business Report.

We moved our location to the above address and our mail did not get forwarded.

Please accept this payment and form now and please abate all penalties and interest.

If you have any questions, please do not hesitate to contact me

Sincerely,

