FŁEASE READ ALL IN	OTPHOTIONS DEFORE	COMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT DOCUMENT P97000070 1. Corporation Name CBD MARINE Cons OF LEE COUNTY IN Principal Place of Business ME 316 SE 4640 LANE CAPE COTAL ME 33904	RIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS ZYZZ +ruction 1516 SE 466.	FILED OO NOV 20 PM 2: 11 SECRETARY OF STATE TALLAHASSEE, FLORIDA
If above addresses are incorrect in any way: line through incorr 2. New Principal Office Address, If Applicable 3. New	rect information and enter correction below. Mailing Address, If Applicable	OO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida
2. New Finicipal Gines Address, with	pt. #, etc.	5. FEI Number Applied For
City & State City & S	state	650850774 Not Applicable
Zip Country Zip	Country	CERTIFICATE OF STATUS DESIRED 57.5 A GUILLOID FOR PROVIDE A CONTINUE OF STATUS DESIRED 57.5 A GUILLOID FOR PROVIDE
7. Names and Street Addresses of Each Officer and/or Director	(Florida nonprofit corporations must list at I	east 3 directors)
Name of Officers and/or Directors	Street Address of Ea Officer and/or Direct 3 (Do NOT Use Post Office Boy	or City / State / Zip
PSTD VANTINE, MARK		900034911397 -12/07/0001073-006 ****758.75 ****758.75
		19
8. Name and Address of Current Registers	ed Agent	9. Name and Address of New Registered Agent
40 10 17 10 5	, Name	s (P.O. Box Number is Not Acceptable)
1316 SE 46th Land Cape Coral FL 33	904 Suite, Apt. #,	State Zip Code FL
10. I, being appointed the registered agent of the above name Signature of Registered Agent Agent REGISTER	d corporation, am familiar with and accept the	Date X //-/7- OU (See other side for information
Dept. of Revenue under S. 199.	tiling is voluntarily furnished and does not quotecompliance with Section 119.07(3)(k) in the custee empowered to execute this application	on intangible tax.) Jualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I represent that the information supplied is deemed exempt from public access, in as provided for in chapter 607 or 617, F.S. I further certify that when filling that the control of the certification of the

SIGNATURE: VM ash Val

MArk Vantine X //-/7-00

Date Daylime Phone #