| n<br>I   |  |
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| PLEASE READ ALL INSTRUCTIONS BEFORE C  | OMPLETING THIS FORM.   |
| APPLICATION FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Sarreton of State  | FILED  |
| REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS  | 04 JUL -6 PM 1:52  |
| DOCUMENT # 19700072422   | SECONDANY OF STATE TAIL AHASSEE FLORIDA  |
| CBD MARINE CONSTRUCTION  | (Alter )   |
| OF Lee County, INC   | 400038851634   |
| 725 Montary Avenue 725 Montery   | 07/08/0401004019 **908.75<br>We.,  |
| Cape Coral FL Cape Coral FL  | REMSTATEMENT 03-04   |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.  | DO NOT WRITE IN THIS SPACE   |
| New Principal Office Address, If Applicable     New Mailing Address, If Applicable   | 4. Date Incorporated or Qualified To Do Business in Florida 8-20-1997  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  | . 5. FEI Number  |
| City & State City & State  | Not Applicable   |
| Zip Country Zip Country  | CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required to a Certificate of Status 1   |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers  Street Address of Each  Officers  Street Address of Each  |  |
| Title(s)  1  | · · . · · · · · · · · · · · · · · ·  |
| BTD MARK VANTWE 725 Monter   | y ave cape Coral 33904   |
| VD CARL BIEbelin 725 Monter  | Your Cape Coral FL   |
| Friday Stand Stand Faster of the second  | 33904<br>Repairs 6 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1   |
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| Section 12 to the first to   | THE WALL STATE OF THE STATE OF  |
| · A Line Constitution of the second constitution | Solvetter, grand   |
| 8. Name and Address of Current Registered Agent Name 3.  | 9. Name and Address of New Registered Agent  |
| MARK VANTINE   | P.O. Box Number is Not Acceptable)   |
| 725 Montery avenue Suite, Apr. #, Etc. Cape Coral F 33904 City   |  |
| Q 22 C 22 0 K 22904  | And the second of the second o |
| Cape Cores 17 35 10 4 Gity Lange   | State FL Zip Code  |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the o  |  |
| Signature of Registered Agent X Mush Carrillon.  REGISTERED AGENT.MUST SIGN  | Date X 6/27/04   |
|  | 1 (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4   |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes , No (See other side for information on intangible tax.)  |  |
|  | The state of the s |
| 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualifulate the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the excertify that I am an officer or director or the receiver or trustee empowered to execute this application as this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfied.  | s provided for in chapter 607 or 617, F.S. I further certify that when filling the the requirements of section 607 0.401 or 617, 0.401. F.S., and that all   |
| this reinstatement application the reason for dissolution has been eliminated, the corporate hard satisfies owed by the corporation have been paid. The information indicated on this application is true and under oath.  | accurate, and my signature shall have the same legal effect as if made   |

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ...

Daytime Phone #