PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEA	١
CORPORATION REINSTATEMENT	
DOCUMENT # 3	É
1. Corporation Name	
George's Marine	
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DOCUMENT # P97000077572					(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
1. Corporation Name					100006109	59118		
George's Marine Electronics, Inc.					-06/28/02	01053023		
					***1050.00	***1050.00		
W02000017049								
2. Principal Office Address			3. Mailing Office Address		REINSTATEMENT 00-02			
628 New Warrington Road			628 New Warrington Road					
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
					4. Date Incorporated or Qualified To Do Business in Florida 09/03/1997			
City & State			City & State		5. FE! Number	Applied For		
-Pensacola, FL			Pensacola, FL		593470521	Not Applicable		
Zip Country		Zip	Country	6. \$8.75	Additional Fee required			
32507	/	USA	32507	USA	CERTIFICATE OF STATUS DESIRED (FOR	a Certificate of Status		
7. Name and Address of Current Registered Agent								
	Name George W. Lagos							
	Street Address (P.O. Box Number is Not Acceptable) 628 New Warrington Road							
Suite, Apt. #, Etc.								
	Citv				State Zip Code			

FL Pensacola, 32507 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 Date 6-23-02 Registered Agent REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of

Titles City / State / Zip Officers and/or Directors Officer and/or Director P/VP/ S/T/D 443 W. Winthrop Avenue George W. Lagos

10. I cartify 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 TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR