

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 27 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000051055

1. Corporation Name

MERSEA SHIPS II, INC.

2. Principal Office Address

929 Crandon Boulevard

Suite, Apt. #, etc.

City & State

Key Biscayne, FL

Zip

33149

Country

U.S.A.

3. Mailing Office Address

P.O. Box 1492

Suite, Apt. #, etc.

City & State

Key Biscayne, FL

Zip

33149

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

☒ 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

Coprolite Corporation

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

One Southeast Third Avenue, Suite 2130

Suite, Apt. #, Etc.

Suite 2130

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

President Date 7-25-01

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
DPST	John H. Faro	929 Crandon Blvd	Key Biscayne, FL 33149

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

7/25/01 (305) 365-7733
Date Daytime Phone #

CR2E081 (9/00)