PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV -1 PM 12:43

DOCUMENT # P98000051717

1. Corporation Name

FORT LAUDERDALE MARINE, INC.

Principal Place of Business	Mailing Address
605 SW 5TH PLACE, SUITE 2 FT LAUDERDALE FL 33312	605 SW 5TH PLACE, SUITE 2 FT LAUDERDALE FL 33312

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

04-30-99-90133-003 $ 150.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
8125 LAGOS DE CAMPO BLVD	2400 E. LOS OLAS BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 218
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33321 Country: USA	Zip: 33301 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/08/1998

5. FEI Number: 65-0850227 ☐ Applied For ☐ Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JAMIE S. MAHONEY	8125 LAGOS DE CAMPO BLVD	FORT LAUDERDALE, FL 33321

8. Name and Address of Current Registered Agent

MAHONEY, JAMIE S
~~605 SW 5TH PLACE, SUITE 2~~
~~FT LAUDERDALE FL 33312~~

9. Name and Address of New Registered Agent

Name: JAMIE S. MAHONEY
Street Address (P.O. Box Number is Not Acceptable): 8125 LAGOS DE CAMPO BLVD
Suite, Apt. #, Etc.:
City: FORT LAUDERDALE State: FL Zip Code: 33321

CR2E040 (8/99)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Jamie S. Mahoney Date: 10/25/99
REGISTERED AGENT MUST SIGN

11. 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: Jamie S. Mahoney JAMIE S. MAHONEY 10/25/99 954-684-9053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0055023 AF