

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 17 AM 11:22

DOCUMENT #

1. Corporation Name

DEEP BLUE MARINE PRODUCTS INC.

P98000059753

100110064411
09/28/07--01060--009 **750.00

REINSTATEMENT

02-07

2. Principal Office Address - No P.O. Box #

687 ALDERMAN RD #137

Suite/Apt. #, etc.

137

3. Mailing Office Address

687 ALDERMAN RD

Suite/Apt. #, etc.

137

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

Zip

34683

Country

USA

Zip

34683

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-6-98

5. FEI Number

59352223

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

TERRY MCCLORY

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

687 ALDERMAN RD

Suite/Apt. #, Etc.

137

City

PALM HARBOR

State

FL

Zip Code

34683

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Terry McClory

Date 9-20-07

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|-----------------------|
| | N/A | | |
| PRES. | TERRY MCCLORY | 687 ALDERMAN RD 137 | PALM HARBOR, FL 34683 |
| | | | |
| | | | |
| | | | |
| | | | |

100110064411
10/30/07--01033--012 **150.00

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 contained in Chapter 119, 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:

Terry McClory

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-07 727-772-5768

Date

Daytime Phone #