PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -7 PM 12:10
SECRETARY OF STATE
DIVISION OF CORPORATIONS

REINSTATEMENT 03

DOCUMENT # P98000080872

1. Corporation Name
Marina Mile Shipyard, Inc.

2. Principal Office Address		3. Mailing Office Address	
5255 N. Federal Highway		5255 N. Federal Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Third Floor		Third Floor	
City & State		City & State	
Boca Raton, Florida		Boca Raton, Florida	
Zip	Country	Zip	Country
33487	USA	33487	USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/15/98

5. FEI Number: 650867101 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Godwin, Bruce D.

Street Address (P.O. Box Number is Not Acceptable): 5255 N. Federal Highway

Suite, Apt. #, Etc.: Third Floor

City: Boca Raton | State: FL | Zip Code: 33487

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: Bruce D. Godwin — Date: 10/06/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
D,P,T,S	Godwin, Bruce D.	5255 N. Federal Highway, Third Floor	Boca Raton / Florida / 33487

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: Bruce D. Godwin — Bruce D. Godwin — 10/06/03 — 561-241-7301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #