PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMEN		Secreta	RTMENT OF STAT ry of State corporations	03 MAY -8 PM 2: 14
DOCUMENT # P9900000339 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA
Marine Construction International, Inc.					
2. Principal Office Address 775 Taylor Lane			3. Mailing Office Address 775 Taylor Lane		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 1/4/99
City & State			City & State Dania Beach, FL		To Do Business in Florids 1/4/99 5. FEI Number Applied For
Dania Beach, FL Country 33004 US		Zip 33004	Country	650884496 Not Applicable 8. CERTIFICATE OF STATUS DESIRED (or a Certificate of Status	
7. Name and Address of Current Registered Agent					
<u> </u>	Name Paul Derecktor				100018803261
	Street Address (P.O. Box Number is Not Acceptable) 775 Taylor Lane				05/12/0301046002 ** 908.75
	Suite, Apt. #, Ett	.			
	City Dania Beach		State Zip Code 33004		
S. I, being Signature of Registered	t Fa	10->	Pahamed corporation, am		the obligations of section 607,0505 or 617,0503, F.S. Date 5/8/03
9. Names	and Street Address		d/or Director (Florida nonpr		tt at least 3 directors)
Tides	Name of Officers and/or Directors			Street Address of I Officer and/or Dire	
D,P,S	Paul Derecktor		775 Ta	aylor Lane	Dania Beach, FL 33004
D,VP	Tom Derecktor		775 Ta	aylor Lane	Dania Beach, FL 33004
			k den ang kan kalan a Can	STATEME	ENTOZ-68: PTS
	<u> </u>	·			
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 filling 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 Date Date Date Date					