

APPROVED  
AND  
FILED  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000038310

1. Corporation Name

WHOLESALE MARINE LIQUIDATORS, INC.

2. Principal Office Address  
1810 Garfield Street

Suite, Apt. #, etc.

3. Mailing Office Address  
1165 SW 27 Street

Suite, Apt. #, etc.

City & State  
Hollywood, FL

City & State  
Palm City, FL

Zip  
33020

Country  
USA

Zip  
34990

Country  
USA

7. Name and Address of Current Registered Agent

Name  
Lawrence Seegott

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

1165 SW 27 Street

Suite, Apt. #, Etc.

City  
Palm City

State  
**FL** Zip Code  
**34990**

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

*Lawrence Seegott*

REGISTERED AGENT MUST SIGN

Date

*5/13/03*

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/S	Scott Seegott	1165 SW 27 Street	Palm City, FL 34990

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:

*Scott Seegott* *5/13/03* 772-288-6324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)