

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN -3 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P 99 0000 49700

1. Corporation Name

DREGGORS MARINE INC

2. Principal Office Address

9235 SE 154 STREET

Suite, Apt. #, etc.

City & State

SUMMERFIELD FL

Zip

34491

Country

USA

3. Mailing Office Address

9235 SE 154 STREET

Suite, Apt. #, etc.

City & State

SUMMERFIELD FL

Zip

34491

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/27/1999

5. FEI Number

59-3650724

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

JOHN L DREGGORS

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

9235 SE 154 STREET

Suite, Apt. #, Etc.

City

SUMMERFIELD

State

FL

Zip Code

34491

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

*John L Duggan Sr.*  
REGISTERED AGENT MUST SIGN

Date

10/8/2002

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
P	JOHN L DREGGORS	9235 SE 154 STREET	SUMMERFIELD FL 34491
S	DONNA J DREGGORS	9235 SE 154 STREET	SUMMERFIELD FL 34491

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:

*John L Duggan Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/2002

Date

c/o 862-802-0854

Daytime Phone #

CR2E081 (9/01)

**BUSINESSCOM SERVICES, INC.**

**125 SHELBY AVENUE  
SUITE 5  
P.O. BOX 1387  
AUBURNDALE FLORIDA 33823-1387  
863-802-0854**

October 23, 2002

UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE FL 32302-1500

~~Re: Dreggors Marine, Inc. Document Number: 99000049700~~  
Corporation Reinstatement

Gentlemen:

Enclosed, please find a signed copy of my client's Uniform Business Corporation Reinstatement Form for *Dreggors Marine, Inc.* (State Document Number: 99000049700), and a check for the amount of \$300.00 to cover the periods 2001 and 2002.

Please note, my client never received his Uniform Business Report form from the Secretary of State's office during 2001. I was not aware of that fact until a recent consultation with Mr Dreggors. In as much as my client never received those document(s) from the Secretary of State's office, I am requesting an abatement of the \$600.00 reinstatement fees.

I trust the enclosed signed documents should enable your office to reinstate Dreggors Marine Inc into active status. If you have any questions, please feel free to contact me personally.

Sincerely,



Mark Thompson  
Accountant  
CAF#6505-76179R

File: Letter 10-23-2002-03

Enc: Reinstatement Report, Payment \$300.00