

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 14 PM 1:48

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DOCUMENT # P99000075032

1. Corporation Name  
BURKS MARINE SERVICES, INC.

2. Principal Office Address  
1200 N.W. 23RD AVENUE

Suite, Apt. #, etc.

City & State  
FORT LAUDERDALE, FLORIDA

Zip Country  
33313 USA

3. Mailing Office Address  
1845 MAC ARTHUR BOULEVARD

Suite, Apt. #, etc.

City & State  
ATLANTA, GEORGIA

Zip Country  
30318 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 08/26/99

5. FEI Number  
58-2503609

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  
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City  
CITY OF PLANTATION

State Zip Code  
FL 33324

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 Joan Bolden **JOAN BOLDEN**  
REGISTERED AGENT MUST SIGN **ASSISTANT SECRETARY**

Date 11/9/01

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	CHARLES L. BURKS	1845 MAC ARTHUR BOULEVARD	ATLANTA, GEORGIA 30318

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES L. BURKS

12/12/01

Date

404-355-7663

Daytime Phone #

CR2E081 (9/00)



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COMMERCIAL ROOFING CONTRACTORS

11/08/01

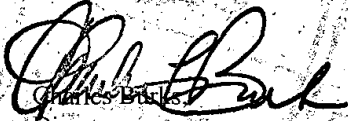
Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

To Whom It May Concern:

I am enclosing this letter with the Uniform Business Report to inform you that we have never received the previous notices to continue our incorporation. We are asking that you please reinstate our incorporations at this time. Please note that some changes have been made on our form. Also, enclosed is the \$300.00 fee for reinstatement.

If you have any questions regarding this matter, please give us a call at 404-355-7663. We thank you in helping us resolve this matter.

Respectfully,

  
Charles Burks  
Director