

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 DEC 21 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000075032

1. Corporation Name

BURKS MARINE SERVICES, INC.

2. Principal Office Address

1845 MacArthur Blvd.

Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

30318

Country

USA

3. Mailing Office Address

1845 MacArthur Blvd.

Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

30318

Country

USA

REINSTATEMENT

CR2E081 (12/05)

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

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

CT CORPORATION

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

1200 S. PINE ISLAND RD.

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

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

Mary R. Adams

MARY R. ADAMS

Date

12/14/06

REGISTERED AGENT MUST SIGN

ASSISTANT SECRETARY

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
Pres.	Charles L. Burks	1845 MacArthur Blvd.	Atlanta, GA 30318
VP	Charles L. Burks III	1845 MacArthur Blvd.	Atlanta, GA 30318
Sec.	Andrew Salzman	1845 MacArthur Blvd.	Atlanta, GA 30318

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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 contained in Chapter 119, 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

Andrew Salzman

Date

10-02-06

Daytime Phone #

800-969-2875

B. Michalski DEC 21 2006