PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 SEP -4 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000082175

1. Corporation Name
MARINE CONCEPTS INC

REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
1155 B ANCLOTE RD	1155 B ANCLOTE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TARPON SPRINGS, FL	TARPON SPRINGS, FL
Zip 34689 Country US	Zip 34689 Country US

4. Date Incorporated or Qualified To Do Business in Florida SEPT. 13 1999

5. FEI Number 59-3598759 — 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: DARIN HALFMANN

100004579391--5
-09/11/01--01001-036
****8.75 ****8.75

Street Address (P.O. Box Number is Not Acceptable): 252 JERU BLVD

Suite, Apt. #, Etc.:

City: TARPON SPRINGS State: FL Zip Code: 34689

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: Darin Halfmann — REGISTERED AGENT MUST SIGN — Date: 8/28/01

CR2E081 (9/00)

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	DARIN HALFMANN	252 JERU BLVD.	TARPON SPRINGS, FL 34689
V.P.	MIKE CASWELL	1104 CONNECTICUT RD	TARPON SPRINGS, FL 34689
			LS

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: Darin Halfmann DARIN HALFMANN 8/28/01 (727)943-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #