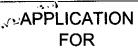
PLEASE READ ALL	INSTRUCTIONS	BEFORE COMPL	ETING THIS FORM.
PLEASE NEAD ALL		DEI ONE COM E	









DOCUMENT # P99000108380

1. Corporation Name

MARINE INT'L SERVICES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 13016

PORT EVERGLADES FL 33316

P.O. BOX 12016

PORT EVERGLADES EL 33316

140 NE 19+0 Court E112

FILED

01 JAN -2 PM 3: 48

SECRETARY OF STATE TALLAHASSEE FLORIDA

33305 If above addresses are incorrect in any way, line through in Date Incorporated or Qualified
 To Do Business in Florida 2. New Principal Office Address, If Applicable 12/15/1999 5. FEI Number Applied For -105-09 Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers City / State / Zip Officer and/or Director Title(s) and/or Directors CONTINENTAL CEMENT BLDG: SLIP #3 PORT EVERGLADES Ft 33316 D KENNEDY, SUSAN J PBOYE PORT-EVERGLADES-FL-33316 CONTINENTAL CEMENT BLDG: SLIP #3 D KENNEDY, WILLIAM F AROYE -01/11/01--01108--015 ****150.00 ****150.00° 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent - - FILINGS, INC. Street Address (P.O. Box Number 19m luo Ne 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date __//

11. 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1//1/60

Daytime Phone #

State

Zip Code

208

IMPORTANT FACTS

To maintain "active" status, every corporation must file, in a timely manner, with the Department of State, a corporation annual report/uniform business report.

Reports are due between January 1 and May 1 of each calendar year.

Second notice annual reports/uniform business reports, informing each corporation that it would be dissolved/revoked on or after September 13 if the report was not filed, were sent to the last address provided to this office by June 9 of this year.

This notice is being given to all corporations that have not filed their 2000 annual report/uniform business-report as of September 22, 2000. If you feel you report and this notice have crossed in the mail, you may cat (850) 488-9000 to verify the filing. You may disregard this notice if the 2000 annual report/uniform business report has been filed.

To return a dissolved/revoked corporation to "active" status, the corporation must reinstate. The form to reinstate is enclosed in this packet. The signatures of the registered agent and officer or director must be on the reinstatement form. (If the same individual serves as the registered agent as well as an officer or director, he or she must sign in both capacities.)

Filing fee information to reinstate is shown on the back of the form. There is no provision in statute to waive fees nor can this office backdate any document.

If you have filing questions, call (850) 487-6059.

10/13/00- Received this notice. This is the first notification we have rec.

I have continued calling the above At circled but have been unable to speak with a representative. Please advise.