


57325

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p>  <p><b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</p>		<p><b>FILED</b></p> <p>95 DEC 23 PM 1:13</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																																	
<p><b>DOCUMENT #</b> 547727</p> <p>1. Corporation Name GTO MARINE CONSTRUCTION OF CAPE CORAL, INC.</p>		<p><b>Principal Place of Business</b> 528 SE 33 ST CAPE CORAL FL 33904 VS</p> <p><b>Mailing Address</b> 528 SE 33 ST CAPE CORAL FL 33904</p>																																	
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																																			
<p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City &amp; State</p> <p>Zip Country</p>		<p>3. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City &amp; State</p> <p>Zip Country</p>																																	
<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p>4/22/91</p>		<p>5. FEI Number</p> <p>65-0267138</p>																																	
<p>6. CERTIFICATE OF STATUS DESIRED</p>		<p>DO NOT WRITE IN THIS SPACE</p> <p>Applied For</p> <p>Not Applicable</p>																																	
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>PETER H BEAL JR.</td> <td>528 SE 33 ST</td> <td>CAPE CORAL FL 33904</td> </tr> <tr> <td></td> <td></td> <td></td> <td>600002036736--7</td> </tr> <tr> <td></td> <td></td> <td></td> <td>-12/24/96--01067--014</td> </tr> <tr> <td></td> <td></td> <td></td> <td>****593.75 ****593.75</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	Pres	PETER H BEAL JR.	528 SE 33 ST	CAPE CORAL FL 33904				600002036736--7				-12/24/96--01067--014				****593.75 ****593.75												
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<p>8. Name and Address of Current Registered Agent</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name: PETER H BEAL JR.</p> <p>Street Address (P.O. Box Number is Not Acceptable): 528 SE 33 ST</p> <p>Suite, Apt. #, Etc.</p> <p>City: CAPE CORAL State: FL Zip Code: 33904</p>																																	
<p>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.</p> <p>Sign: [Signature] Date: 1/14/96</p> <p>REGISTERED AGENT MUST SIGN</p>																																			
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>(See other side for information on intangible tax.)</p>																																			
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I request the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																																			
<p><b>SIGNATURE:</b> PETER H BEAL JR. [Signature] 8/20/96 941-574-3132</p> <p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>																																			

CR25040 (12/95)