Dec.21. 2000 3:56PM No.2378 P.EDP. 2/2

SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 18 PM 5:52

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

99-00

REINSTATEMENT

DOCUMENT # S81939

1. Corporation Name TRI-COUNTY MARINE CONTRACTOR OF FLORIDA, INC.

2. Principal Office Address	3. Mailing Office Address
404 NE 38 ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OAKLAND PARK, FL	City & State
Zip: 33334 Country: BROWARD	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1993

5. FEI Number: 65-0296794 ☐ 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: PAUL M. BICHLER

Street Address (P.O. Box Number is Not Acceptable): 404 NE 38 ST

Suite, Apt. #, Etc.:

City: OAKLAND PARK State: FL Zip Code: 33334

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: Paul M. Bichler
REGISTERED AGENT MUST SIGN

Date: 12/15/00

CR2E061 (9/98)

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
P.	PAUL M. BICHLER	404 NE 38 ST	OAKLAND PARK, FL 33334
			AD

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: Paul M. Bichler PAUL M. BICHLER 12/15/00 (954)620-2301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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Division of Corporations
Fax Number : (850)922-4004

From:

Account Name : SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.
Account Number : I19990000058
Phone : (954)753-6042
Fax Number : (954)753-1123

CORPORATION REINSTATEMENT

TRI-COUNTY MARINE CONTRACTOR OF FLORIDA, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$908.75

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