

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 97 JAN 23 AM 11:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V40063**

1. Corporation Name
WAYNE MARINE, INC.

Principal Place of Business 14070 MCGREGOR BLVD STE C FT MYERS FL 33919 US	Mailing Address 14070 MCGREGOR BLVD STE C FT MYERS FL 33919 US
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REINSTATEMENT *9/10*

2. New Principal Office Address, If Applicable <i>4765 Esteve Blvd</i>	3. New Mailing Office Address, If Applicable <i>4765 Esteve Blvd</i>	4. Date Incorporated or Qualified To Do Business in Florida 06/01/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0340310
City & State <i> Ft. Myers Beach, FL</i>	City & State <i> Ft. Myers Beach, FL</i>	Applied For <input type="checkbox"/>
Zip <i>33931</i>	Country <i>USA</i>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	COOLEY, ROBERT M.	1506 SE 46 ST.	CAPE CORAL FL
			800002070428--6 -01/28/97--01039--008 ****375.00 ****375.00
			<i>9/10-23-97</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COOLEY, ROBERT M.
 1506 SE 46TH ST.
 CAPE CORAL FL 33904

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State **FL** Zip Code

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 *[Signature]* Date *1-10-97*
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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: *[Signature]* Date *1-10-97* Daytime Phone # *941-765-6880*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)