

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 DEC 24 PM 2:08

SECRETARY OF STATE  
 TALLahassee, FLORIDA

DOCUMENT # 348864

1. Corporation Name  
**Jacksonville Shipyards, Inc.**

Principal Place of Business  
**1111 Bayside Drive #160  
 Corona del Mar, CA 92625**

Mailing Address

900002383329--7  
 -12/26/97--01063--001  
 \*\*\*\*\*750.00 \*\*\*\*\*750.00

900002383329--7  
 -12/26/97--01063--002  
 \*\*\*\*\*8.75 \*\*\*\*\*8.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

7-11-69

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-1264346

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Chriss W. Street	2235 Pacific Dr.	Corona del Mar, CA 92625
VP	Worth Frederick	417 Godfrey Dr.	Windsor, CA 95492
Tr./CFO	James Wong	8291 Terry Dr.	Huntington Beach, CA
Sec.	Courtney Watson	57 Palm Beach Ct.	Dana Point, CA 92629

**REINSTATEMENT** 97

SL 12-24-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System  
 1200 S. Pine Island Road  
 Plantation, FL 33324

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

*Jack Jessup*

Jack Jessup, Asst. Secy.

Date

12-23-97

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.

JACKSONVILLE SHIPYARDS, INC.

SIGNATURE: By: *Courtney Watson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Courtney E. Watson, Corporate Secretary

12/18/97 (714)644-9665  
 Date Daytime Phone #

CP25040 (12/96)