2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED **DOCUMENT # F06000007393** MARDER TRAWLING, INC. 2007 NOV 29 AM 9: 35 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 22 SOUTH WATER STREET 22 SOUTH WATER STREET NEW BEDFORD, MA 02740 NEW BEDFORD, MA 02740 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10302007 REIN-P CR2E098 (1/07) City & State City & State 4. FEI Number Applied For 04-2858160 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARDER, DANIEL Street Address (P.O. Box Number is Not Acceptable) 5848 HARRINGTON WAY BOCA RATON, FL 33496 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Daniel Marder SIGNATURE. Signature, typed of printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST TITLE ☐ Delete TITLE MARDER, BRIAN I NAME NAME 25 BOURNE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SOUTH DARTMOUTH, MA 02748 CITY-ST-ZIP ★ Change Addition TITLE Delete TITLE Marder, Daniel 5848 Harrington Way NAME MARDER, DANIEL NAME STREET ADDRESS 25 BOURNE PLACE STREET ADDRESS Boca Raton, FL 33496 SOUTH DARTMOUTH, MA 02748 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP REINSTATEMEN - Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Brian Marder, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR