PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 SEP 17 PM 4:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N02000003411

1. Corporate Name
MARSH Island Marina Association, Inc.

REINSTATEMENT

CR2E081 (1/07) 07-07

2. Principal Office Address - No P.O. Box #
9155 MARSH Island Dr
Suite, Apt. #, etc.
Vero Beach
City & State
Florida
Zip 32963 Country

3. Mailing Office Address
c/o Breffni Mgmt
2925 Cardinal Drive
Suite, Apt. #, etc.
Vero Beach, FL 32963
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
68-0506539
☐ 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: PATRICIA McENERNEY
Street Address (P.O. Box Number is Not Acceptable): c/o Breffni MANAGEMENT
Suite, Apt. #, etc.: 2925 Cardinal Drive
City: Vero Beach
State: FL
Zip Code: 32963

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Patricia McEnerney Date: 9-13-07
REGISTERED AGENT MUST SIGN

9. Name 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
D	Stephen MANN	800 Third Ave	New York, NY. 10022
D	IRA Wolff	11 GRACE Ave	Great Neck, NY. 1102
D	Sharyn MANN	998 Fifth Ave	Newyork, NY. 10028

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10/04/07--01016--025 **420.00

10. 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 the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: _____ 09-14-07 772-231-7804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #