

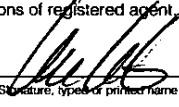
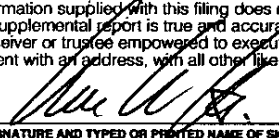


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000006713 1. Entity Name HARBOR SIDE MARINE ASSOCIATION, INC.						FILED 05 SEP 13 PM 2:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 4 OLD OAK DRIVE SOUTH PALM COAST, FL 32137			Mailing Address 4 OLD OAK DRIVE SOUTH PALM COAST, FL 32137			 09042005 REIN-NP CR2E099 (6/04)			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number APPLIED FOR 20-3418716				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
Zip Country		Zip Country		6. Name and Address of Current Registered Agent ROEHR, PETER 4 OLD OAK DRIVE SOUTH PALM COAST, FL 32137				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <input type="checkbox"/> FL <input type="checkbox"/> Zip Code </div>	
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.									
SIGNATURE  PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating)		DATE 9/6/05			
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROEHR, PETER 4 OLD OAK DRIVE SOUTH PALM COAST, FL 32137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700059548817 09/13/05--01005--001 **297.50				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOSZALKOWSKI, JOHN 4 OLD OAK DRIVE SOUTH PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP KLAUS, ALFREDO 101 PALM HARBOR PKWY PALM COAST, FL 32137				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROEHR, GABRIELLA 4 OLD OAK DRIVE SOUTH PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TREASURER FERRENA, MARCELLA 101 PALM HARBOR PARKWAY PALM COAST, FL 32137				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 04-05				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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.									
SIGNATURE: 				DATE 9/6/05		DAYTIME PHONE # 386-447-6040			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>			