


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 25 AM 10:43

<b>DOCUMENT # N04000011949</b> 1. Entity Name SEA BASE ALUMNI & FRIENDS ASSOCIATION, INC.	
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Principal Place of Business 73800 OVERSEAS HWY ISLAMORADA, FL 33036	Mailing Address 73800 OVERSEAS HWY ISLAMORADA, FL 33036
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REINSTATEMENT 05



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10122005 REIN-NP CR2E099 (6/04)

4. FEI Number <b>01-0847424</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  WELLS, NANCY 73800 OVERSEAS HWY ISLAMORADA, FL 33036	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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**FL** 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.

SIGNATURE Nancy A Wells DATE 10/18/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2006, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DPC DOSSER, JAMES B <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1719 POWER BR	NAME	<del>100060919451</del>
STREET ADDRESS	JOHNSON CITY, TN 37601	STREET ADDRESS	<del>10/25/05--01046--002 **\$400.00</del>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DVC TAGLIARINI, MARY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32 PARK RD	NAME	
STREET ADDRESS	ISLAMORADA, FL 33036	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DS ROTHER, AL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1050 OSCEOLA CT	NAME	<del>100060919451</del>
STREET ADDRESS	BOGART, GA 3062	STREET ADDRESS	<del>10/25/05--01046--002 **70.00</del>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DT WAMPLER, SHARON <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	129 NAUTILUS DR	NAME	
STREET ADDRESS	ISLAMORADA, FL 33036	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D WELLS, NANCY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	40 HIGH POINT RD	NAME	
STREET ADDRESS	PLANTATION KEY, FL 33070	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Nancy A Wells DATE 10/18/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR