

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Jun 26, 2009
Secretary of State**

DOCUMENT# N07000003155

Entity Name: PORT OF THE ISLANDS CHANNEL RESTORATION GROUP, INC.

Current Principal Place of Business:

525 NEWPORT DR.
NAPLES, FL 34114

New Principal Place of Business:

Current Mailing Address:

525 NEWPORT DR.
NAPLES, FL 34114

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DEMPSEY, WILLIAM J
821 5TH AVE. SOUTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE: WILLIAM DEMPSEY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SHUCART, CHRISTOPHER
Address: 525 NEWPORT DR.
City-St-Zip: NAPLES, FL 34114

Title: VP () Delete
Name: KUMPF, RUDY
Address: 174 EVENINGSTAR CAY
City-St-Zip: NAPLES, FL 34114

Title: TREA () Delete
Name: DILLON, JOSEPH L
Address: 129 WILDERNESS CAY
City-St-Zip: NAPLES, FL 34114

Title: SECY () Delete
Name: SHUCART, CHRISTOPHER
Address: 525 NEWPORT DR.
City-St-Zip: NAPLES, FL 34114

Title: VP () Delete
Name: CUSTER, CHARLES
Address: 116 NEWPORT DR.
City-St-Zip: NAPLES, FL 34114

Title: VP () Delete
Name: POTASHNICK, MORTON
Address: 6786 BENT GRASS DR.
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER SHUCART

PRES

06/26/2009

Electronic Signature of Signing Officer or Director

Date