


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000165887</b> 1. Entity Name PIRATE COVE MARINA, INC.	
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FILED  
05 DEC -2 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 10111 SOUTHWOOD COURT NEW PORT RICHEY, FL 34654 US	Mailing Address 10111 SOUTHWOOD COURT NEW PORT RICHEY, FL 34654 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	11282005 REIN-P CR2E098 (6/04)
City & State	City & State	4. FEI Number 20-1983525
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

Applied For	Not Applicable
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<b>6. Name and Address of Current Registered Agent</b>  GRUBE, ANDRE 10111 SOUTHWOOD COURT NEW PORT RICHEY, FL 34654	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRUBE, ANDRE 10111 SOUTHWOOD COURT NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000061871080 12/05/05--01002--002 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.

SIGNATURE: Andre N Grube ✓ 11-30-2005 ✓ 727-992-0372  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #