2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2005
Secretary of State

DOCUMENT# P03000078713

Entity Name: SALT LIFE, INC.

Current Principal Place of Business:

3904 LANDFALL LANE
JACKSONVILLE, FL 32250

New Principal Place of Business:

13051 BEACH BLVD
STE 300
JACKSONVILLE, FL 32246

Current Mailing Address:

3904 LANDFALL LANE
JACKSONVILLE, FL 32250

New Mailing Address:

13051 BEACH BLVD
STE 300
JACKSONVILLE, FL 32246

FEI Number: 55-0840908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUTTO, MICHAEL T
3904 LANDFALL LANE
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

HUTTO, MICHAEL T
13051 BEACH BLVD.
STE 300
JACKSONVILLE, FL 32246 US

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: MICHAEL HUTTO 10/07/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/S ( ) Delete
Name: HUTTO, MICHAEL T
Address: 3904 LANDFALL LN
City-St-Zip: JACKSONVILLE, FL 32250 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HUTTO, MICHAEL T
Address: 13051 BEACH BLVD.
City-St-Zip: STE 300, FL 32250 US

Title: TRES ( ) Change (X) Addition
Name: COMBS, ROGER L SR.
Address: 2473 DEN STREET
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER L COMBS SR TRES 10/07/2005
Electronic Signature of Signing Officer or Director Date