2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 15, 2005
Secretary of State

DOCUMENT# 516667

Entity Name: SURFSIDE MOTORS, INC.

Current Principal Place of Business:

7459 STATE ROUTE 309
GALION, OH 44833 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 850
GALION, OH 44833

New Mailing Address:

FEI Number: 59-1695616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, CLAUDE A JR
ONE SEASIDE LANE
UNIT 302
BELLEAIR, FL 34616 US

Name and Address of New Registered Agent:

RINARD, PATRICK ATTY
1230 S MYRTLE AVE
SUITE 301
CLEARWATER, FL 34617 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: PATRICK RINARD 11/15/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: SMITH, CLAUDE A JR,
Address: ONE SEASIDE LANE UNIT 302
City-St-Zip: BELLEAIR, FL 33756

Title: PD ( ) Delete
Name: SMITH, CRAIG A
Address: 2356 WOODLAND PARK DRIVE
City-St-Zip: MANSFIELD, OH 44906

Title: D (X) Delete
Name: SMITH, GERALDINE C.
Address: ONE SEASIDE LANE UNIT 302
City-St-Zip: BELLEAIR, FL 34616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: HESTON, BONNIE J
Address: 6632 TOWNSHIP ROAD 50
City-St-Zip: MANSFIELD, OH 44904 US

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 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: BONNIE J HESTON SECY 11/15/2005
Electronic Signature of Signing Officer or Director Date