

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 738812

FILED  
Apr 19, 2005  
Secretary of State

**Entity Name:** MARINE INDUSTRIES ASSOCIATION OF BREVARD, INC.

**Current Principal Place of Business:**

2200 W. KING ST.  
COCOA, FL 32926 US

**New Principal Place of Business:**

**Current Mailing Address:**

2200 W. KING ST.  
COCOA, FL 32926 US

**New Mailing Address:**

**FEI Number:** 59-2972764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STONE, JOANNA L.  
2200 WEST KING STREET  
COCOA, FL 32926 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: JOANNA STONE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LESLIE, MARK  
Address: 451 MARINA RD  
City-St-Zip: TITUSVILLE, FL 32796

Title: DV ( ) Delete  
Name: TRAMMEL, DOUG  
Address: 6000 N US 1  
City-St-Zip: MELBOURNE, FL 32935

Title: STD ( ) Delete  
Name: STONE, JOANNA  
Address: 2200 W. KING ST.  
City-St-Zip: COCOA, FL 32926 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DURSO, PATRICK  
Address: 3900 DOW RD SUITE C  
City-St-Zip: MELBOURNE, FL 32934

Title: DV (X) Change ( ) Addition  
Name: LESLIE, MARK  
Address: 451 MARINA RD  
City-St-Zip: TITUSVILLE, FL 32796

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNA STONE

STD

04/19/2005

Electronic Signature of Signing Officer or Director

Date