2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT #756961 2006 JUL 17 AM 9: 22 1. Entity Name THE ADMIRALTY, INC. SECRETARY UF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 2511 BAY BLVD C 2240 BELLAIR ROAD INDIAN ROCKS BEACH, FL 33785 SUITE 190 CLEARWATER, FL 33764 US 2. Principal Place of Business 07122006 REIN-NP CR2E099 (11/05) 4. FEI Number 59-2100836 Applied For Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Age 7. Name and Address of New Registered Agent FOX, JEFF 2240 BELLEAIR RD, STE 190 CLEARWATER, FL 33764 City 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 Manager Make check payable to In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$122.50 corporation did not receive the prior notice Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Secretary ☐ Delete TITLE Addition ☐ Change Laurie Birch MORRISEY, KENNETH NAME NAME STREET ADDRESS 2515 C. BAY BLVD. STREET ADDRESS 2511 B Bay FL 3378 CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE MORRISEY, ED NAME NAME 2515 A BAY BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785 CITY-ST-ZIP TD Delete TITLE TITLE ☐ Change ☐ Addition NAME PHILLIPS, BRETT NAME 800077823138 STREET ADORESS 2515 B BAY BLVD STREET ADDRESS CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785 CITY-ST-ZIP -¥#131.75 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-#F CiTY-ST-ZIP TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED