2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#757816

FILED Oct 10, 2007 Secretary of State

Entity Name: BIG REEL BASSMASTERS OF MARGATE, INC.

Current Principal Place of Business: New Principal Place of Business:

P. O. BOX 936265 1945 LAKE POINT DRIVE MARGATE, FL 330936265 US WESTON, FL 33326 US

Current Mailing Address: New Mailing Address:

P. O. BOX 936265 1945 LAKE POINT DRIVE MARGATE, FL 330936265 US WESTON, FL 33326 US

FEI Number: 65-0128574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

STEINFELD, EUGENE M. 7481 N.W. 42ND STREET LAUDERHILL, FL 33319 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: EUGENE M. STEINFELD

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: CELESTI, MATT Name: DAVIS, TIM

 Name:
 CELESTI, MATT
 Name:
 DAVIS, TIM

 Address:
 5741 SW 54TH AVE
 Address:
 1813 NW 62 TERR

 City-St-Zip:
 DAVIE, FL 33314
 City-St-Zip:
 MARGATE, FL 33063

Title: VD () Delete Title: VD (X) Change () Addition Name: CELESTI, TIM Name: ROSE, RICKY

 Name:
 CELESTI, TIM
 Name:
 ROSE, RICKY

 Address:
 6136 NW 19TH CT
 Address:
 7929 NW 1ST ST

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:
 MARGATE, FL 33063

Title: SD () Delete Title: () Change () Addition

 Name:
 KELLEHER, HARRY
 Name:

 Address:
 720 BLUE RIDGE WAY
 Address:

 City-St-Zip:
 DAVIE, FL 33325
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 GRIFFITH, ED
 Name:

 Address:
 1945 LAKE POINT DR
 Address:

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EDWARD GRIFFITH TD 10/10/2007