2004 FOR PROFIT. CORPORATION REINSTATEMENT

| REINSTATEMENT | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|---------------------------------|---------------------|----------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------|--------------------|------------------------------|-----------------------------|--|
| DOCUMENT # F98000006981 | | | | | | | | FIL | ED | | |
| MABEY BRIDGE & SHORE, INC. | | | | | 變 | | | - 1411 | 3 PM 12: 24 | | |
| Principat Place of Business Mailing Address | | | | | | <u> </u> | | ccopeTA | RY OF STATE SSEE, FLORIDA | | |
| 6770 DORSE | 6770 DORSEY ROAD | | | | | TALLAHA | SSEE, FLUNDA | , | | | |
| BALTIMORE, | MD 21075 | | BALTIMORE, MD 2107 | BALTIMORE, MD 21075 | | | | 1.175- | | t | |
| | | | | | | | | | | | |
| 2. Principal P | lace of Busin | ess | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 12082004 | REIN-P | CR2E098 (6/04) | | |
| City & State | | | City & State | | | | 4. FEI Number 52-163 | | | oplied For ot Applicable | |
| Zip | | Country | Zip Country | | | | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | | | | |
| 6Name and Address of Current | | | Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | |
| Name L. Mill | | | | | | | | ler Will; ams | | | |
| ROSS, CHARLES W 1535 9TH STREET NORTH ST. PETERSBURG, FL 33704 | | | | | Street Address (P.O. Box Number is Not Acceptable). Motes, Show, Sears, Sturgess & Williams, R.A. | | | | | | |
| 01.1 E1ENOSONO, 1 E 35.701 | | | | | 3751 Maguire Blvd. , Suite 104 | | | | | | |
| | | | | | | FL Zip Code 32803 | | | | | |
| 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 the obligations of registered agent. | | | | | | | | | | | |
| 12/20/24 | | | | | | | | | | | |
| Signature: typed or printed name of registered agent and bite if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the | | | | | | | | | | | |
| After January 1, 2005, Fee will be \$300.00 | | | | | | | | | not receive the prior | | |
| 10. OFFICERS AND DIRECTORS 11 | | | | | | | | CHANGES TO OFF | CERS AND DIRECTOR | IS IN 11 | |
| TITLE NAME | PC Delete III | | | | | | sident ffrey Bo | oth | Change | - Addition | |
| STREET ADDRESS | SS 6770 DORSEY ROAD ST | | | | | 67. | no Dorse | y Road | | | |
| CITY-ST-ZIP | BALTIMORE, MD 21075 | | | | | | | MD 2107. | | | |
| TITLE NAME | ST PORTER | JOHN J | ☐ Delete | - TITL | | Ric | hard Ma e Preside | 13h 14. Finance | ☐ Change | Addition | |
| STREET ADDRESS | 1 | RSEY ROAD | | | EET ADDRESS | | o Dorsey | | | | |
| CITY-ST-ZIP | | | | | '-ST-Z1P | Ba | | MD 210 | | | |
| TITLE NAME | D Delete TITU FORSYTH, CHARLES NAM | | | | | | Ĺ | 000043 | 88090 | Addition | |
| STREET ADDRESS | 6770 DORSEY ROAD | | | | | | 017 | 193705010 | 14755007 *** | 150.00 | |
| CITY-ST-ZIP | BALTIMORE, MD 21075 | | | | | | | | | | |
| TITLE NAME | D Delete III | | | | | | | | Change | ☐ Addition | |
| STREET ADDRESS | · | | | | EET ADDRESS | | | | | ! | |
| CITY-ST-ZIP | BALTIMO | RE, MD 21075 | | CITY | /-ST-ZIP | | | | | | |
| TITLE | | | ☐ Delete | TITL | | | | | ☐ Change | Addition | |
| STREET ADDRESS | | | | 1 | eet address | | | | | | |
| CITY-ST-ZIP | | | | CiTY | (-\$T-ZIP | | | | | | |
| TITLE | | • | ☐ Delete | TITL | | | | | Change | Addition | |
| NAME STREET ADDRESS | | | | NAM STRI | eet address - | | | | | | |
| CITY-ST-ZIP | | | | | /-ST-ZIP | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | | |
| SIGNATURE: Richard March Richard March 12/14/64 (410) 379-2800 | | | | | | | | | | | |
| 1 | - | SIGNATURE AND TYPED OR | PRINTED NAME OF SIGNING OFFICER | OR DIREC | TOR | | | Date | Daytime Phone # | l | |

11.70