


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 JAN 10 PM 1:51

CLERK OF STATE
ALLAHASSEE, FLORIDA

| | | | |
|--|---------|---|---------|
| DOCUMENT # F98000006981 | |  | |
| 1. Entity Name MABEY BRIDGE & SHORE, INC. | | | |
| Principal Place of Business 6770 DORSEY ROAD BALTIMORE, MD 21075 | | Mailing Address 6770 DORSEY ROAD BALTIMORE, MD 21075 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



REINSTATEMENT
10282005 REIN-P CR2EQ98 (6/04) OS

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| WILLIAMS, L. MILLER MOTE, SHAW, SEARS, STURGESS & WILLIAMS, PA 3751 MAGUIRE BLVD., SUITE 104 ORLANDO, FL 32803 | | Name Street Address (P.O. Box Number is Not Acceptable) <i>1555 West Hill Drive, # 200</i> City <i>Winter Park</i> FL Zip Code <i>32789</i> | |

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.

SIGNATURE *Richard Marsh* (NOTE: Registered Agent signature required when reinstating) DATE *1/4/06*

FILE NOW!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE P | BOOTH, GEOFFREY 8770 DORSEY ROAD BALTIMORE, MD 21075 | TITLE 300061448413 11/15/05--01072--016 \$750.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE ST | PORTER, JOHN J 8770 DORSEY ROAD BALTIMORE, MD 21075 | TITLE VP David J. Aitken 6770 Dorsey Road Baltimore, MD 21075 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D | FORSYTH, CHARLES 6770 DORSEY ROAD BALTIMORE, MD 21075 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D | LUKE, MICHAEL 6770 DORSEY ROAD BALTIMORE, MD 21075 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VPF | MARSH, RICHARD 6770 DORSEY ROAD BALTIMORE, MD 21075 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 empowerers.

SIGNATURE: *Richard Marsh* Richard Marsh DATE *1/1/05* (410) 378-2800
SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYER OFFICER OR DIRECTOR