

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 28 AM 11:01

DOCUMENT # K51879

1. Corporation Name

PORT COVE MAINLAND MARINA, INC.

2. Principal Office Address
110GEORGETOWN LANDING ROAD

3. Mailing Office Address
14631SW87PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GEORGETOWN, FLORIDA

City & State
MIAMI, FLORIDA

Zip
32139

Country
PUTNAM

Zip
33176-8022

Country
MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida 12/16/1988

5. FFL Number
650086983

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
ROBERT A. KOGER

Street Address (P.O. Box Number is Not Acceptable)
14631SW87PLACE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33176-8022

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date MARCH 8, 2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ROBERT A. KOGER	14631SW87PLACE	MIAMI, FLORIDA 33176-8022
S	ROBERT A. KOGER	14631SW87PLACE	MIAMI, FLORIDA 33176-8022

Handwritten: 3/31/04

REINSTATEMENT 04.04

000069448130
04/20/06--01055--012 **450.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 8, 2006 305-804-7060

Date

Daytime Phone #

PORT COVE MAINLAND MARINA, INC.
110 GEORGETOWN LANDING ROAD
GEORGETOWN, FLORIDA 32139

App 20h

MARCH 8, 2006

FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: ROBERT A. KOGER AGENT
14631 SW 87 PLACE
MIAMI, FLORIDA 33176-8022

THIS HAS BEEN AN ACTIVE CORPORATION SINCE DECEMBER 16, 1988
AND FOR WHAT EVER REASON I DON'T RECALL GETTING THE 2004
CORPORATE RENEWAL REPORT.

I HAVE SEVERAL OTHER CORPORATIONS AND THEY ARE ALL CURRENT.
YESTERDAY I WAS NOTIFIED THAT WE WERE CLASSIFIED AS INACTIVE.

I CALLED TODAY AND WAS TOLD TO SEND FOUR HUNDRED DOLLARS TO
BE CURRENT; THUS ATTACHED.

** FIFTY*

M 8/23/0

THANKS,



ROBERT A. KOGER, PRESIDENT