

L04000048080

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From: Account Name : FOLEY & LARDNER
Account Number : 072720000061
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Fax Number : (904) 359-8700

LIMITED LIABILITY REINSTATEMENT
HARBORMASTER HOLDINGS, LLC

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FOLEY & LARDNER LLP
ATTORNEYS AT LAW

ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202-5017
TELEPHONE: 904.359.2000
FACSIMILE: 904.359.8700
WWW.FOLEY.COM

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From:	Valerie R. Hodge
Email Address:	VHodge@foley.com
Sender's Direct Dial:	904.359.2000
Date:	11/4/2005
Client Matter No:	023123-0102
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MESSAGE:

Please see attached.

CONFIDENTIALITY NOTICE: THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR ANY AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

FOLEY & LARDNER LLP

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000048080

1. Entity Name
HARBORMASTER HOLDINGS, LLC

Principal Place of Business
144 HARBORMASTER COURT
PONTE VEDRA BEACH, FL 32082

Mailing Address
144 HARBORMASTER COURT
PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business
110 South Serenata Drive

3. Mailing Address
110 South Serenata Drive

Suite, Apt. #, etc.
Unit 431

Suite, Apt. #, etc.
Unit 431

11052005 REIN-LLC CR2E101 (6/04)

City & State
Ponte Vedra Beach, FL

City & State
Ponte Vedra Beach, FL

4. FEI Number
33-1095351

Appred For
N/A: Applicable

Zip
32082

Country

Zip
32082

Country

5. Certificate of Status Desired Yes \$5.00 Additional Fee Required

LEMASTERS, D. LARRY
144 HARBORMASTER COURT
PONTE VEDRA BEACH, FL 32082

Name F&L Corp

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

One Independent Drive, Suite 1300

City Jacksonville

FL

Zip Code 32202

6. 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. F&L Corp.

SIGNATURE

By: *Charles V. Herrick*

CHARLES V. HERRICK
Authorized Signatory

DATE 11/4/05

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

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

Make check payable to
Florida Department of State

B. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add:or
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the trustee or trustee appointed to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE

Charles V. Herrick

11-3-05

804.819.5359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Phone Number