

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 DEC 17 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L05000055466	
1. Entity Name OCEAN SIDE VINTAGE MARINE LLC	



Principal Place of Business PO BOX 613 CARRABELLE, FL 32322	Mailing Address PO BOX 613 CARRABELLE, FL 32322
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2. Principal Place of Business - No P.O. Box # 1015 15th St	3. Mailing Address PO 613
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Marathon FL	City & State Carrabelle FL
Zip 32322	Country US

12172007 REIN-LLC CR2E101 (1/07)

4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHNEIDER, DELL S 260 TIMBER ISLAND ROAD CARRABELLE, FL 32322	
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7. Name and Address of New Registered Agent Name Dell Schneider Street Address (P.O. Box Number is Not Acceptable) 1622 Bayou Dr City Carrabelle FL Zip Code 32322	
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I, 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 Dell Schneider DATE Dec 17 107

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, 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
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHNEIDER, DELL S PO BOX 613 CARRABELLE, FL 32322 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	600113428256 12/27/07--01017--020 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2007 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Dell S Schneider Date _____ Daytime Phone # _____

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