
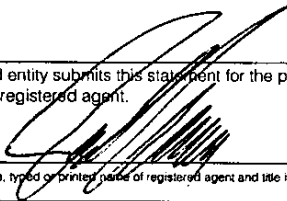
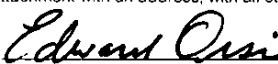


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N0100000635</b>					
<b>1. Entity Name</b> FORT LAUDERDALE MARITIME MUSEUM, INC.					
<b>Principal Place of Business</b> 2257 S W 44TH ST FT. LAUDERDALE, FL 33312			<b>Mailing Address</b> 2257 S W 44TH ST FT. LAUDERDALE, FL 33312		
<b>2. Principal Place of Business - No P.O. Box #</b> 200 S.W. 6th Street		<b>3. Mailing Address</b> 200 S.W. 6th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Ft. Lauderdale FL		<b>City &amp; State</b> Ft. Lauderdale FL		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 33301		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PROUDFOOT, JACQUELINE 501 E DANIA BEACH BLVD #3M DANIA BEACH, FL 33004			<b>7. Name and Address of New Registered Agent</b> Name <b>James Harrison</b> Street Address (P.O. Box Number is Not Acceptable) 200 S.W. 6th Street City <b>Ft. Lauderdale</b> <b>FL</b> <b>Zip Code</b> <b>33301</b>		
<b>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.</b>					
SIGNATURE 		<b>James Harrison, Director</b>		<b>May 10, 2007</b>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$297.50</b>			<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> GRAVES, GYPSY 2257 S W 44TH ST FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T/D</b> Edward Orsi 3175 Estates Drive Pompano Beach FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> RAYMOND, WILLIAM 909 S E 14TH CT #1 FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S/D</b> William Raymond 3111 N. Ocean Drive #302 Hollywood FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> PROUDFOOT, JACQUELINE 501 E DANIA BEACH BLVD #3M DANIA BEACH, FL 33004	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> James Harrison 200 S.W. 6th Street Ft. Lauderdale FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<div style="text-align: center;">  </div>					
<b>12. 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 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 617, 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.</b>					
<b>SIGNATURE:</b> <u>Edward Orsi</u> <b>Edward Orsi, T/D</b> <b>May 10, 2007</b> <b>954-978-2022</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

**FILED**  
**07 MAY 16 PM 1:15**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



05032007 REIN-NP CR2E099 (1/07)

**B 5/24/07**  
**REINSTATEMENT 06-07**

**300103906338**  
**06/05/07--01028--022 \*\*306.25**