# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000001240

1. Entity Name
HARBORAGE, INC.

FILED
04 DEC -1 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

| Principal Place of Business | Mailing Address |
|---|---|
| 1910 CNETRAL AVE<br>SARASOTA, FL | P O BOX 254<br>TALLEVAST, FL 34270 |

11122004 REIN-NP CR2E099 (6/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 135 East 4th Street | 135 East 4th Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Jacksonville, Florida | City & State: Jacksonville, Florida |
| Zip: 32206 Country: USA | Zip: 32206 Country: USA |

4. FEI Number: 33 1053077 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

POSTELL, ROBERT
1910 CNETRAL AVE
SARASOTA, FL

**7. Name and Address of New Registered Agent**

Name: Postell, Robert
Street Address (P.O. Box Number is Not Acceptable): 135 East 4th Street
DOCUMENT # N03000001240
12/02/04--01001--003 **148.75
City: Jacksonville FL Zip Code: 32206

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

**FILE NOW!!! FEE IS $61.25**
**After January 1, 2005, Fee will be $122.50**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>POSTELL, ROBERT<br>1910 CENTRAL AVE<br>SARASOTA, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Postell, Robert<br>135 East 4th Street<br>Jacksonville, Florida 32206 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>POSTELL, CLAUDIA<br>1910 CENTRAL AVE<br>SARASOTA, FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Dorsey, Vanessa<br>1012 Polk City Road<br>Haines City, Florida 33844 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>JENNINGS, BERNADINE<br>135 E 4 STREET<br>JACKSONVILLE, FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Comptroller<br>Hall, Jamie<br>421 Nina Road<br>Tallahassee, Florida 32304 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WALTON-COLEMAN, ELIZABETH<br>357 S 14<br>SAGINAW, MI | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Cleare, James<br>241 "C" Street<br>Lake Wales, Florida | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MITCHELL, REGINALD<br>2700 SILKWOOD CIR #1128<br>ORLANDO, FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Brown, Roy<br>3527 Cross Creek Trail<br>Valdosta, Georgia 31605 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DAVENPORT, KATHLEEN<br>32 HARBESON AVE<br>FT WALTON BEACH, FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Carey, Jacqueline<br>2242 Pine Landing Court<br>Tallahassee, Florida 32312 | ☒ Change ☐ 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 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.

**SIGNATURE:** [signature] Robert Postell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #