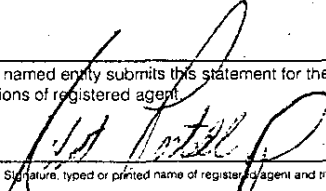
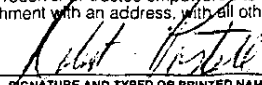


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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 1910 CNETRAL AVE SARASOTA, FL				Mailing Address P O BOX 254 TALLEVAST, FL 34270											
2. Principal Place of Business 135 East 4th Street Suite, Apt. #, etc.		3. Mailing Address 135 East 4th Street Suite, Apt. #, etc.		11122004 REIN-NP CR2E099 (6/04)											
City & State Jacksonville, Florida Zip: 32206 Country: USA		City & State Jacksonville, Florida 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 City: Jacksonville State: 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:  Robert Postell, Jr. (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: D NAME: POSTELL, ROBERT STREET ADDRESS: 1910 CENTRAL AVE CITY-ST-ZIP: SARASOTA, FL ☐ Delete				TITLE: D NAME: Postell, Robert STREET ADDRESS: 135 East 4th Street CITY-ST-ZIP: Jacksonville, Florida 32206 ☒ Change ☐ Addition				TITLE: SD NAME: Dorsey, Vanessa STREET ADDRESS: 1012 Polk City Road CITY-ST-ZIP: Haines City, Florida 33844 ☒ Change ☐ Addition							
TITLE: SD NAME: POSTELL, CLAUDIA STREET ADDRESS: 1910 CENTRAL AVE CITY-ST-ZIP: SARASOTA, FL ☒ Delete				TITLE: TD NAME: JENNINGS, BERNADINE STREET ADDRESS: 135 E 4 STREET CITY-ST-ZIP: JACKSONVILLE, FL ☒ Delete				TITLE: PD NAME: Walton-Coleman, Elizabeth STREET ADDRESS: 357 S 14 CITY-ST-ZIP: SAGINAW, MI ☒ Delete							
TITLE: TD NAME: MITCHELL, REGINALD STREET ADDRESS: 2700 SILKWOOD CIR #1128 CITY-ST-ZIP: ORLANDO, FL ☒ Delete				TITLE: PD NAME: Cleare, James STREET ADDRESS: 241 "C" Street CITY-ST-ZIP: Lake Wales, Florida ☒ Change ☐ Addition				TITLE: VD NAME: Brown, Roy STREET ADDRESS: 3927 Cross Creek Trail CITY-ST-ZIP: Valdosta, Georgia 31605 ☒ Change ☐ Addition							
TITLE: TD NAME: DAVENPORT, KATHLEEN STREET ADDRESS: 32 HARBESON AVE CITY-ST-ZIP: FT WALTON BEACH, FL ☒ Delete				TITLE: TD NAME: Carey, Jacqueline STREET ADDRESS: 2248 Pinehaching Court CITY-ST-ZIP: Tallahassee, Florida 32312 ☒ Change ☐ Addition				TITLE: TD NAME: Carey, Jacqueline STREET ADDRESS: 2248 Pinehaching Court CITY-ST-ZIP: 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:  Robert Postell SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR															