

**2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 11, 2005  
Secretary of State**

DOCUMENT# N30214

Entity Name: LONGSHOREMEN'S PORTERS CLUB, INC.

**Current Principal Place of Business:**

500 NW 2ND ST  
FT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

500 NW 2ND ST  
FT LAUDERDALE, FL 33311

**New Mailing Address:**

FEI Number: 59-1039018      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TURNER, OTHEL  
5787 W SUNRISE BLVD  
PLANTATION, FL 33313      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: OTHEL TURNER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: JOHNSON, CHARLES  
Address: 3155 NW 3RD ST  
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: VD      ( ) Delete  
Name: SUMLIN, BILLY  
Address: 2841 NW 9TH COURT  
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: SD      ( ) Delete  
Name: WILLIAMS, MELVIN,  
Address: 3801 NW 7TH PLACE  
City-St-Zip: FT LAUDERDALE, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES JOHNSON

PD

10/11/2005

Electronic Signature of Signing Officer or Director

Date