2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 16, 2005
Secretary of State

DOCUMENT# N32990

Entity Name: MARINE INDUSTRY ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

148 CHARLES AVE
MOUNT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 706
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 59-2955021 **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:

LEWIS, JOSEPH T
148 CHARLES AVE.
MOUNT DORA, FL 32757 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: JOSEPH T LEWIS
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEWIS, JOSEPH T
Address: 148 CHARLES AVE.
City-St-Zip: MT. DORA, FL 32757

Title: D ( ) Delete
Name: HOOD, JEFF
Address: 2226 PASEO AVE.
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: LEATHERMAN, BOB
Address: 307 N. GOLDENROD ROAD
City-St-Zip: ORLAND, FL 32807

Title: P ( ) Delete
Name: KEWLEY, CHRIS
Address: 1580 SOUTH 17-92
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete
Name: FULTON, PAULA
Address: 5321 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32807

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:

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: JOSEPH T LEWIS D 11/16/2005
Electronic Signature of Signing Officer or Director — Date