

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000066918

Entity Name: ASTOR BRIDGE MARINA, INC.

FILED  
Oct 05, 2005  
Secretary of State

## Current Principal Place of Business:

24201 CAPTAIN KIDD BLVD.  
PUNTA GORDA, FL 33955

## New Principal Place of Business:

## Current Mailing Address:

24201 CAPTAIN KIDD BLVD.  
PUNTA GORDA, FL 33955

## New Mailing Address:

FEI Number: 04-3694725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POTTS, DALE  
1575 W. HWY. 40  
ASTOR, FL 32102 US

## Name and Address of New Registered Agent:

POTTS, DALE  
24201 CAPTAIN KIDD BLVD  
PUNTA GORDA, FL 33955 US

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: DALE W POTTS

10/05/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DUNN, ELIZABETH  
Address: 1575 W HWY 40  
City-St-Zip: ASTOR, FL 32102

Title: D ( ) Delete  
Name: POTTS, DALE  
Address: 1575 W HWY 40  
City-St-Zip: ASTOR, FL 32102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DUNN, ELIZABETH  
Address: 24201 CAPTAIN KIDD BLVD  
City-St-Zip: PUNTA GORDA, FL 33955

Title: D (X) Change ( ) Addition  
Name: POTTS, DALE  
Address: 24201 CAPTAIN KIDD BLVD  
City-St-Zip: PUNTA GORDA, FL 33955

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH J DUNN

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10/05/2005

Electronic Signature of Signing Officer or Director

Date