

2004-FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 29 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12102004 REIN-P CR2E098 (6/04)

DOCUMENT # P03000004549 1. Entity Name JET DOCK OF NORTH AND CENTRAL FLORIDA INC.			
Principal Place of Business 29 ENTERPRISE DR. PALM COAST, FL 32137		Mailing Address 29 ENTERPRISE DR. PALM COAST, FL 32137	
2. Principal Place of Business 306 South Bay St Suite, Apt. #, etc.		3. Mailing Address P.O. Box 610 Suite, Apt. #, etc.	
City & State Bunnell, FL Zip 32110		City & State Bunnell, FL Zip 32110	
4. FEI Number 74-3087040		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCDERMOTT, THOMAS 8 EAGLE PASS PALM COAST, FL 32164		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MCDERMOTT, THOMAS 8 EAGLE PASS PALM COAST, FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDERMOTT, THOMAS 8 EAGLE PASS PALM COAST, FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDERMOTT, JOHN 8 CHESTNUT CT. PALM COAST, FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200049827482 04/04/05--01081--018 **900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDERMOTT, SANDRA 8 EAGLE PASS PALM COAST, FL 32164	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<div style="display: flex; justify-content: space-between;"> <small>Date</small> <small>Daytime Phone #</small> </div>			