

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000074726

**FILED  
Aug 26, 2009  
Secretary of State**

**Entity Name:** SAFE HARBOR FINANCIAL COMPANY

**Current Principal Place of Business:**

3102 W. WATERS AVE.  
SUITE 103A  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

3102 W. WATERS AVE.  
SUITE 103A  
TAMPA, FL 33614 US

**New Mailing Address:**

**FEI Number:** 55-0838968      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

REIBER, SAM I  
2109 E. PALM AVE  
SUITE 202  
TAMPA, FL 33605 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: SAM REIBER

\_\_\_\_\_  
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: PD ( ) Delete  
Name: PELT, J T  
Address: 3104 W. WATERS AVE SUITE 202  
City-St-Zip: TAMPA, FL 33614 US

Title: D ( ) Delete  
Name: REIBER, SAM I  
Address: 2109 E. PLAM AVE SUITE 202  
City-St-Zip: TAMPA, FL 33605 US

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

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 exemption stated in Chapter 119, 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: SAM REIBER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

08/26/2009

\_\_\_\_\_  
Date