

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 SEP 22 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # P05000128894 | | | |  | |
| 1. Entity Name TERRA-MARE ENERGY INC. | | | | | |
| Principal Place of Business 376 FIRST STREET SOUTH JACKSONVILLE BEACH, FL 32250 US | | | Mailing Address XXXXXXXXXX XXXXXXXXXX | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address 376 FIRST ST. SOUTH Suite, Apt. #, etc. | | |
| City & State JACKSONVILLE BEACH | | | City & State JACKSONVILLE BEACH | | |
| Zip 32250 | | Country USA | | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | REINSTATEMENT (11/05) 06 | |
| 6. Name and Address of Current Registered Agent BROOKS, MICHAEL 437 EAST MONROE STREET SUITE NO. 202 JACKSONVILLE, FL 32226-US | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HARBISON, PHILIP 1152 HAMLET COURT NEPTUNE BEACH, FL 32266 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700080226527 09/27/06--01052--014 **158.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BYRON, CARY 376 FIRST STREET SOUTH JACKSONVILLE BEACH, FL 32250 | <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 | VP MARESCA-ANSALDI, GIOVANNI 376 FIRST STREET SOUTH JACKSONVILLE BEACH, FL 32250 | <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 | VP XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX | <input checked="" 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 | VP BUSTOS, CARLOS ARIEL 725 SUNFLOWER CIRCLE WESTON, FL 33327 | <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 | VP Bonnie Lee yales 376 S FIRST ST JACKSONVILLE BEACH FL 32250 | <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 exemptions contained 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 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 another like empowered. | | | | | |
| SIGNATURE:  21/SEP/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |