


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000115274 1. Entity Name HELL'S BAY MARINE, INC.	
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FILED

07 NOV 13 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1115 E. LIVINGSTON STREET ORLANDO, FL 32803	Mailing Address 1115 E. LIVINGSTON STREET ORLANDO, FL 32803 US
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2. Principal Place of Business - No P.O. Box # 1520 CHAFFEE DRIVE Suite, Apt. #, etc.	3. Mailing Address 1520 CHAFFEE DRIVE Suite, Apt. #, etc.
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City & State TITUSVILLE, FL	City & State TITUSVILLE, FL
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Zip 32780	Country USA	Zip 32780	Country USA
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REINSTATEMENT

11012007 REIN-P GR2E098 (1/07) 07

4. FEI Number 205521505	<input type="checkbox"/> 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 PEARSON, KARL E 399 CAROLINA AVENUE SUITE 200 WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Karl E Pearson* 11-12-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, J. CHRIS <input checked="" type="checkbox"/> Delete 1115 E. LIVINGSTON STREET 1520 Chaffee Dr ORLANDO, FL 32803 Titusville, FL 32780	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Peterson, J. Chris <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1520 Chaffee Dr Titusville, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Wendi Peterson <input checked="" type="checkbox"/> Delete 1520 Chaffee Dr. Titusville, FL 32780	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Peterson Wendi <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1520 Chaffee Drive Titusville, FL 32780
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 800112236198 11/13/07--01052--022 **150.00
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
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 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 all other like empowered.

SIGNATURE: *[Signature]* 11/5/07 321-383-8223
Signature and typed or printed name of signing officer or director Date Daytime Phone #