

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 17 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10072005 REIN-P CR2E098 (6/04)

DOCUMENT # P97000027918 1. Entity Name NOMOMIS FISHING VENTURES, INC.					
Principal Place of Business 3479 TECHNOLOGY DRIVE NOKOMIS, FL 34275			Mailing Address 3479 TECHNOLOGY DRIVE NOKOMIS, FL 34275		
2. Principal Place of Business 116 Tina Island Dr <small>Suite, Apt. #, etc.</small>		3. Mailing Address 116 Tina Island Dr <small>Suite, Apt. #, etc.</small>			
City & State Osprey FL Zip 34229		City & State Osprey FL Zip 34229		4. FEI Number 65-0747953	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEFFENHART, TOM 330 ISLAND CIR. SIESTA KEY, FL 34242			7. Name and Address of New Registered Agent Name Drake Berner Street Address (P.O. Box Number is Not Acceptable) 116 Tina Island Dr City Osprey FL Zip Code 34229		
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 <i>Drake Berner</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DRAKE BERNER <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 TEFFENHART, THOMAS 330 ISLAND CIR. SIESTA KEY, FL 34242	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Drake Berner 116 Tina Island Dr Osprey FL 34229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERNER, DRAKE 116 TINA ISLAND DRIVE OSPREY, FL 34229	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ann Berner 116 Tina Island Dr Osprey FL 34229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, DON 201 SILVER SPRAY NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Alison Berner 116 Tina Island Dr Osprey FL 34229	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERNER, ANN 116 TINA ISLAND OSPREY, FL 34229	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Brad Berner 116 Tina Island Dr Osprey FL 34229	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	700060634357 10/14/05--01072--006 **158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<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: <i>Ann M. Berner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			ANN M. Berner <small>Date</small>		
10-8-5			941-475-5471 <small>Daytime Phone #</small>		

10/19/05