2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000035480

Entity Name: YACHT SERVICES OF SARASOTA, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2630 HARBOURSIDE DRIVE LONGBOAT KEY, FL 34228

Current Mailing Address: New Mailing Address:

807 TROPICAL CIRCLE 799TROPICAL CIRCLE SARASOTA, FL 34242 SARASOTA, FL 34242

FEI Number: 59-3572457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BROWN, KEVIN T

807 TROPICAL CR.

SARASOTA, FL 34242 US

BROWN, KEVIN T

799 TROPICAL CR.

SARASOTA, FL 34242 US

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: JULIA A BROWN 04/28/2009

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DPT () Delete
 Title:
 DPT (X) Change () Addition

 Name:
 BROWN, KEVIN T
 Name:
 BROWN, KEVIN T

 Address:
 807 TROPICAL CIRCLE
 Address:
 799 TROPICAL CIRCLE

Address: 807 TROPICAL CIRCLE Address: 799 TROPICAL CIRCLE City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34242

Title: DVP () Delete Title: DVP (X) Change () Addition Name: BROWN, JULIA Name: BROWN, JULIA

 Name:
 BROWN, JULIA
 Name:
 BROWN, JULIA

 Address:
 807 TROPICAL CR.
 Address:
 799 TROPICAL CR.

 City-St-Zip:
 SARASOTA, FL 34242
 City-St-Zip:
 SARASOTA, FL 34242

Title: S () Delete Title: () Change () Addition

 Name:
 WILSON, JENNIFER A
 Name:

 Address:
 435 SEEDS AVE.
 Address:

 City-St-Zip:
 SARASOTA, FL 34237 US
 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: JULIA A BROWN DVP 04/28/2009