

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # S04712

1. Corporation Name

TROUT RIVER MARINA, INC.

400004536984-- 6
-08/15/01--01096--001
***1050.00 ***1050.00

REINSTATEMENT 99-07

2. Principal Office Address

8137 N, MAIN ST.

Suite, Apt. #, etc.

3. Mailing Office Address

5906 Saxony Wds Lane

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32208

Country

USA

Zip

32211

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/90

5. FEI Number

59-3034550

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael L. Brooks

Street Address (P.O. Box Number is Not Acceptable)

437 E. Monroe St.

Suite, Apt. #, Etc.

#202

City

Jacksonville

State

FL

Zip Code

32202

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Michael L. Brooks

REGISTERED AGENT MUST SIGN

Date

7-31-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTSD	David H. Weisman	5906 Saxony Woods Lane	Jacksonville, FL 32211

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/01 (904)838-8320
Date Daytime Phone #

CR2E081 (9/00)