PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		DEPARTMENT OF STATE Secretary of State VISION OF CORPORATIONS		FILED 04 JUL 12 AM 10): 4	
DOCUMENT # S24380 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
HARBORMASTER OPERATING CORP.						
		3. Mailing Office Address		WSTUTENENT 03-on		
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 505		4. Date Incorporated or Qualified		
City & State LONGBOAY KEY, FL	City & State			To Do Business in Florida 1/10/1991 5. FEI Number Applied For		
Zip : Country 34228 US	Zip 33134	Country	6,	CENTIFICATE OF STATUS DESIDED TO PER ACCOMODE SECTEDINES		
		Name and Address of Current Regis		for a	Certificate of Status	
Name ARSENAULT, KEI	NNETH G. JR.	Additional Additional Programme Prog	-21	MM1357975	<u>и</u> э	
Street Address (P.O. Box Number is Not Acceptable) 655 ULMERTON ROAD Suite Ant # Ftc				05/10/0401026035 **150 00		
Suite, Apt. #, Etc. SUITE 4-A				5/6/03 90054 028 4150.0		
LARGO				FL State Zip Code 34641		
8. I, being appointed the registered age Signature of Registered Agent	13	oration, am familiar with and accept the GENT MUST SIGN	obligations of sect	tion 607.0505 or 617.0503, F.S. Date 4-30-44	CR2ED81 (01/04)	
9. Names and Street Addresses of Eac	ch Officer and/or Director (Fi	orida 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		
DP VERNON, WILLIAM G.		2600 DOUGLAS RD., STE 505		CORAL GABLES, FL 33134		
DST VERNON, JANE D.		2600 DOUGLAS RD., STE 505		CORAL GABLES, FL 33134		
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				4.		
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 filling 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: William 6. Yerron 4/30 PG (305) 448-1070						



THE VERNON GROUP

2600 DOUGLAS ROAD, SUITE 505 • CORAL GABLES, FL 33134 TELEPHONE 305-448-1070 FAX 305-448-0086

July 6, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern:

Enclosed please find the returned application for Corporation Reinstatement for the entity listed below:

Document # S24380 Harbormaster Operating Corp. 2600 Douglas Road Suite 505 Coral Gables, FL 33134

It has come to our attention during the process of filing the 2004 Annual Report that the above entity was Administratively Dissolved on September 19, 2003. In a phone call today to the Division of Corporations it was explained to me that the person signing the original timely filed report was not listed as an officer or director. This was an oversight on my part as I have become accustom to the fact that as Chief Financial Officer of my companies Mr. Premer normally signs many of my documents. I was also told that a notice had been sent to me regarding this, however, I have no recollection of receiving such notice. Had I received it I believe I would of most certainly responded by attaching my signature to the document.

I respectfully request an abatement on the \$600.00 reinstatement fee as my failure to sign the report was not intentional, the content of the original report was correct, the report was timely filed and it included a check for the appropriate amount which was subsequently cashed.

Should you have any questions regarding the enclosed, please do not hesitate to contact Roy Premer or myself at (305) 448-1070. Thank you in advance for your consideration in this matter.

Sincerely,

HARBORMASTER OPERATING CORP.

William G. Vernon

President