

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT -2 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # F02000001796</b> 1. Entity Name <b>HARBORAGE LEASING CORP.</b>					
Principal Place of Business <b>2384 ORCHARD CREST BLVD MANASQUAN, NJ 08736</b>			Mailing Address <b>2384 ORCHARD CREST BLVD MANASQUAN, NJ 08736</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>02-0472771</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRANDON-BROWN, ELIZABETH ESQ 9045 LA FONTANA BLVD., #101 BOCA RATON, FL 33434</b>				7. Name and Address of New Registered Agent  Name: <b>Diana C. Ross</b> Street Address (P.O. Box Number is not acceptable): <b>5200 NE 14th Way #303</b>  City: <b>FT LAUDERDALE</b> FL Zip Code: <b>33334</b>	
8. The above named entity submits this statement for no 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: <span style="float: right;">DATE: <b>9/27/07</b></span> <small>Signature (type or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2008, Fee will be \$300.00			In accordance with a. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>TERASKIEWICZ, EDWARD</b> <b>C/O 2384 ORCHARD CREST BLVD</b> <b>MANASQUAN, NJ 08736</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>Diana C. Ross</b> <b>5200 NE 14th Way #303</b> <b>FT. LAUDERDALE, FL 33334</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>TERASKIEWICZ, MARIE ELENA</b> <b>2384 ORCHARD CREST BLVD</b> <b>MANASQUAN, NJ 08736</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800110175578 10/02/07--01022--029 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>FERRARO, LISA</b> <b>2430 ORCHARD CREST BLVD</b> <b>MANASQUAN, NJ 08736</b>	<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: <b>Marie Elena Teraskiewicz</b>		DATE: <b>9/27/07</b>		Vice President	
SIGNATURE AND TYPE (PRINT NAME OF BRANCH OFFICER OR DIRECTOR) <b>Edward Teraskiewicz</b> <span style="float: right;">732-938-6600</span>					

10/4aw