

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC 19 AM 8:09

DOCUMENT # N 02000006743

1. Corporation Name  
HARBORSIDE MARINE ASSOCIATION, INC?

600139168656  
12/19/08--01030--005 \*\*122.50

**REINSTATEMENT**

07-08

2. Principal Office Address - No P.O. Box # 17 Old Kings Road, N. Suite, Apt. #, etc. Suite B City & State Palm Coast, Florida Zip 32137		Country Flagler		3. Mailing Office Address 17 Old Kings Road N. Suite, Apt. #, etc. Suite B City & State Palm Coast, Florida Zip 32137		Country Flagler	
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4. Date Incorporated or Qualified To Do Business in Florida Sept. 13, 2005	
5. FEI Number 20-3418716	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
Marc Bellapianta

Street Address (P.O. Box Number is Not Acceptable)  
17 Old Kings Road N.

Suite, Apt. #, Etc.  
Suite B

City Palm Coast	State FL	Zip Code 32137
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Date 12-09-08

REGISTERED AGENT MUST SIGN

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
D/ Pres	GUNNAR HILDEMANN	50 PALM HARBOR PARKWAY	PALM COAST, FL 32137
D/ V.P.	MARK TAVZEL	18 SHINNECOCK DRIVE	PALM COAST, FL 32137
D/ SEC/T.	ALFREDO KLAUS	101 PALM HARBOR PKWY. #120	PALM COAST, FL 32137

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 contained in Chapter 119, 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: Pres. 12/12/2008 (386) 445-9282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(2/22)