PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 MAY -3 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23228

1. Corporation Name

MARINA PARK HOMEOWNER'S ASSOCIATION, INC.

REINSTATEMENT 97-2000

2. Principal Office Address		**3.** Mailing Office Address	
9172 BLIND PASS ROAD		9172 BLIND PASS ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
ST. PETE BEACH, FL		ST. PETE BEACH, FL	
Zip	Country	Zip	Country
33706	PINELLAS	33706	PINELLAS

4. Date Incorporated or Qualified To Do Business in Florida OCTOBER 29, 1987

5. FEI Number 59-2897475 ☐ 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
BECKER & POLIAKOFF, P.A.

900003287809--3
-06/14/00--01007--012
****420.00 ****420.00

Street Address (P.O. Box Number is Not Acceptable)
5999 CENTRAL AVENUE

Suite, Apt. #, Etc.
104

City ST. PETERSBURG | State FL | Zip Code 33710

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 Ellen Hirsch de Haan for the Firm Date 4/5/00
ELLEN HIRSCH de HAAN, ESQUIRE FOR THE FIRM
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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.	MAUREEN HELTON	9172 BLIND PASS RD.	ST. PETE BEACH, FL 33706
D VP	ELIZABETH DALBO	9154 BLIND PASS RD.	ST. PETE BEACH, FL 33706
D TREAS.	SANDRA BRELAND	9166 BLIND PASS RD.	ST. PETE BEACH, FL 33706
D SEC.	DAWN KINKEAD	9156 BLIND PASS RD.	ST. PETE BEACH, FL 33706

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: Maureen Helton E. Maureen Helton 4-4-00 727-363-3166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #