

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # 712682

1. Corporation Name

MARINA HARBOUR SOUTH ASSOCIATION, INC

2013 MAY 29 A 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #

100 LEHANE TERRACE
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

NORTH PALM BEACH, FL

Zip

33408

Country

US

City & State

Same

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

5/4/67

5. FEI Number

591159499

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

~~THA~~ ROBERT GURAL

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

100 LEHANE TERRACE

Suite, Apt. #, Etc.

UNIT #6

City

NORTH PALM BEACH

State

FL

Zip Code

33408

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

~~THA~~ [Signature]

REGISTERED AGENT MUST SIGN

Date 6/5/13

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
P	ROBERT GURAL	100 LEHANE TERRACE #6	NPB, FL 33408
T/S	CECELIA SALVANTE	100 LEHANE TERRACE #4	NPB, FL 33408
D	JOHN SABOURIN	2425 SANDY CAY	WNPB, FL 33411
D	KENNETH MATES	9840 SE LITTLE CLUB WAY N	TEQUESTA, FL 33469
D	PATRICK DEVEAULT	1545 VALLEE DES MURMURES	SHERBROOKE (QUEBEC) CANADA J1M 0B5

10. E-mail Address: ~~AMHSEA100@gmail.com~~ mhsc2@bellsouth.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S.

SIGNATURE:

[Signature]

5/20/2013

561.951.0900