

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION,
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 SEP 24 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F09000001631**

1. Corporation Name

Harbormasters International, Inc.

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

3196 N. Jog Rd

3. Mailing Office Address

3196 N. Jog Rd.

Suite, Apt. #, etc.

6201

Suite, Apt. #, etc.

6201

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33411

Country

Palm Beach

Zip

33411

Country

Palm Beach

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3/15/2009

5. FEI Number

20-8200262

☐ 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

Christopher C. Clark, Sr.

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

3196 N. Jog Rd.

Suite, Apt. #, Etc.

6201

City

West Palm Beach

State

FL

Zip Code

33411

400239964044
09/24/12--01002--017 **750.00

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

Christopher C. Clark

Date **9/21/2012**

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
P/S	Christopher C. Clark, Sr.	3196 N. Jog Rd, #201	West Palm Beach, FL 33411
V'	Christopher C. Clark, Jr.	3196 N. Jog Rd, #6201	West Palm Beach, FL 33411

10. E-mail Address: **chrisclark@harbormasters.com**

(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.817.155, F.S.

SIGNATURE:

Christopher C. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/21/2012

Daytime Phone #

361-249-3804