

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 21 PM 4:13

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT #

168276

1. Corporation Name

Outrigger Harbour, Inc.

900056343829

06/20/05--01019--004 **1808.75

REINSTATEMENT 98-05

2. Principal Office Address

PO Box 5011

3. Mailing Office Address

PO Box 5011

Suite, Apt. #, etc.

1501 Charlotte Ave

Suite, Apt. #, etc.

1501 Charlotte Ave

City & State

Monroe, NC

City & State

Monroe, NC

Zip

28111

Country

USA

Zip

28111-5011

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/24/89

5. FEI Number

56-1648194

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

Larry Dale

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

PO Box 910, 3122 N 25th Street

Suite, Apt. #, Etc.

City

Ft Pierce,

State

FL

Zip Code

34954-0910

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 6-15-05

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, P, VP	John Joyner	1501 Old Charlotte Hwy	Monroe, NC 28111
S, T	Cindy P Greene	1501 Old Charlotte Hwy	Monroe, NC 28111
AS	Sylvia C Mills	1501 Old Charlotte Hwy	Monroe, NC 28111

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:

[Signature] John F. Joyner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/05
Date

(704) 289-3111

Daytime Phone #

CR2E081 (01/05)