

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000023587

Name and Mailing Address

0011664 01 AT 0.292 **AUTO T3 0 0615 33407-011616

HARBORMASTER OF PALM BEACH, LLC

PO BOX 8116, 4201 N. FLAGLER DRIVE

WEST PALM BEACH FL 33407-0116



2. Mailing Address P.O. Box 8116		4. State/Country of Formation FL	
City, State, Zip West Palm Beach, Florida 33407		5. Date Organized or Qualified To Do Business in Florida 09/11/2002	
Principal Place of Business PO BOX 8116, 4201 N. FLAGLER DRIVE WEST PALM BEACH FL 33407		6. FEI Number Applied For Not Applicable	
3. New Principal Place of Business Address City, State, Zip West Palm Beach, FL 33407		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E(84) (7/03)

8. Name and Address of Current Registered Agent HARRIS, J. RIHARD 4400 P.G.A. BLVD., SUITE 800 PALM BEACH GARDENS FL 33410		9. Name and Address of New Registered Agent Name: DARRELL NAQUIN Street Address (P.O. Box Number is Not Acceptable): 4205 North Flagler Drive Apartment # 1 West Palm Beach FL 33407	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: *Darrell Naquin* **SIGNATURE REQUIRED** Date: 10/29/03

REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
owner	DARRELL NAQUIN	4205 North Flagler Drive Apto # 1	West Palm Beach FL 33407
600024344906 11/03/03--01003--003 **50.00			
REINSTATEMENT 03 dec			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: *Darrell Naquin* **SIGNATURE REQUIRED** Date: 10/29/03 Daytime Phone: 561-841-9122

Typed or printed name of signing Managing Member/Manager

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Harbormaster of Palm Beach, LLC
P.O. Box 8116
West Palm Beach, Florida 33407
Tel: (561) 841-9122

October 29, 2003

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: L02000023587

To Whom It May Concern:

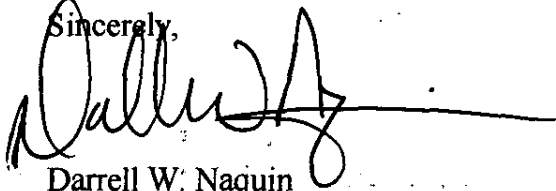
Yesterday I received a notice from the Division of Corporations of its intent to dissolve/revoke the above mentioned limited liability company, Harbormaster of Palm Beach, LLC. I was told that the notice to renew was sent out in May but the address as shown on this notice was a construction site and thus I never received the notice. Please note the new mailing address.

Harbormaster of Palm Beach, LLC is a very active LLC operating in the State of Florida. I spoke with Lee in your office who advised me that since we never received the notices due to the address we should forward you a check for \$50.00 along with the changes.

-- We apologize for any inconvenience but we simply never received the first notices sent in May. --

If you have any questions please feel free to contact me at your convenience.

Sincerely,



Darrell W. Naquin
Owner