

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 31 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 35272**

1. Corporation Name

**MARINA AT HARBOR TOWERS
CONDOMINIUM ASSOCIATION INC.**

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

3901 S. FLAGLER DR

3. Mailing Office Address

3901 S. FLAGLER DR.

Suite, Apt. #, etc

103

Suite, Apt. #, etc

103

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33405

Country

USA

Zip

33405

Country

USA

400164084744

12/31/09--01032--018 **551.25

REINSTATEMENT 04-09

4. Date Incorporated or Qualified
To Do Business in Florida

11-17-89

5. FEI Number

65-0160681

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

RANDALL BERMAN

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

3901 S. FLAGLER DR.

Suite, Apt. #, Etc

103

City

WEST PALM BEACH

State

FL

Zip Code

33405

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 of Randall Berman]

REGISTERED AGENT MUST SIGN

Date **12-28-09**

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
PD	LAWRENCE SHARPE	504 N. COUNTRY CLUB DR	ATLANTIS, FL 33462
VD	JOHN NICOLACE	11521 VICTORIA DR.	BOYNTON BEACH, FL 33437
STD	RANDALL BERMAN	3901 S. FLAGLER DR. #103	WEST PALM BEACH, FL 33405

10. E-mail Address:

randy@randybermanlaw.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., 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.

SIGNATURE:

[Signature of Randall Berman]

RANDALL BERMAN

12-28-09

561-866-5717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #