

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35272

1. Corporation Name

MARINA AT HARBOR TOWERS
CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

1201 North Olive Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33401

Country

USA

Zip

Country

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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02/04/03--01075--003 **848.75

REINSTATEMENT 93-03

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

7. Name and Address of Current Registered Agent

Name Francis X. J. Lynch, Esquire

Street Address (P.O. Box Number is Not Acceptable) 625 North Flagler Drive

Suite, Apt. #, Etc. 9th Floor

City West Palm Beach

State
FL

Zip Code
33401

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

Date 01/17/03

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
PD	Itzhak I. Shasha	1201 N. Olive Avenue	West Palm Beach, FL 33401
VD	Robert Shaya	1201 N. Olive Avenue	West Palm Beach, FL 33401
STD	Natalie Shasha	1201 N. Olive Avenue	West Palm Beach, FL 33401

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/03

Daytime Phone #

CR2E081 (10/02)

gr 1/25