

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 4:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000070835

1. Corporation Name

South Harbour Financial, Inc.

2. Principal Office Address

534 N.E. 2nd St.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33483

Country

US

3. Mailing Office Address

534 N.E. 2nd St.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33483

Country

US

REINSTATEMENT 01

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/21/00

5. FEI Number

65-1027317

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

David R. Roy, P.A.

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

4209 N. Federal Highway

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

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]

Date 10/15/01

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 | Keri Alford | 3 Harbour Drive South | Ocean Ridge, FL 33435 |
| VTD | Warren Heeg | 2170 N.E. 5th Avenue | Boca Raton, FL 33431 |
| SD | Lawrence G. Dawson | 3 Harbour Drive South | Ocean Ridge, FL 33435 |
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED01 (9/00)