PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 NOV 19 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000089513

1. Corporation Name
Hampton Harbour, Inc.

2. Principal Office Address	3. Mailing Office Address
3531 Treasure Circle	PMB 229
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	7940 Front Beach Rd.
City & State	City & State
Panama City Beach	Panama City Beach
Zip / Country: FL 32408	Zip / Country: FL 32407

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3671007 ☐ 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: Daniel Harmon III

200004694822--8
-11/27/01--01037-005
****158.75 ****58.75

Street Address (P.O. Box Number is Not Acceptable): 427 McKenzie Ave.

Suite, Apt. #, Etc.:

City: Panama City | State: FL | Zip Code: 32401

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: X _____ Date: X 11/15/01
REGISTERED AGENT MUST SIGN

CR2E081 (8/98)

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
	Cheryl McCormack	PMB 229 7940 Front Beach Rd	Panama City Beach, FL 32407
	Gordon B. McCormack	PMB 229 7940 Front Beach Rd	Panama City Beach, FL 32407

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 the 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: Cheryl McCormack, President — 11/09/01 — (850) 234-7329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTORNEYS' TITLE
Requestor's Name

660 E. Jefferson St.
Address

Tallahassee, FL 32301 850-222-2785
City/St/Zip Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- HAMPTON HARBOUR, INC.

2-

3-

4-

[X] Walk-in [ ] Pick-up time **ASAP** [ ] Certified Copy

[ ] Mail-out [ ] Will wait [ ] Photocopy [XXX] Certificate of Status

NEW FILINGS	
	Profit
	Non-Profit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Partnership
XXX	Reinstatement
	Trademark
	Other

RECEIVED
01 NOV 19 AM 10:20
DIVISION OF CORPORATION

Examiner's Initials