

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000007777

1. Corporation Name

LONGITUDE 81 HARBOR, INC.

000023985010
10/21/03--01130--019 **150.00

REINSTATEMENT 03

2. Principal Office Address

31 Ocean Reef Drive

Suite, Apt. #, etc.

C-206

3. Mailing Office Address

31 Ocean Reef Drive

Suite, Apt. #, etc.

C-206

City & State

Key Largo, FL

City & State

Key Largo, FL

Zip

33037

Country

USA

Zip

33037

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/23/02

5. FEI Number

04-3645943

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

Samuel A. Persaud, Esq.

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

1320 South Dixie Highway

Suite, Apt. #, Etc.

Suite 715

City

Coral Gables

State

FL

Zip Code

33146

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

10/17/03

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
DPST	Mita M. Burke	31 Ocean Reef Dr., #C-206	Key Largo, FL 33037

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 119.073(1), 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:

MITA M. BURKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-03

Date

Daytime Phone #

(305) 367-0034

10/24

PERSAUD & DECKER

ATTORNEYS AT LAW

A PARTNERSHIP, INCLUDING PROFESSIONAL ASSOCIATIONS

1320 SOUTH DIXIE HIGHWAY, SUITE 715

CORAL GABLES, FLORIDA 33146

TEL: (305) 665-3604 FAX: (305) 661-8305

October 17, 2003

Division of Corporations

Attn: Certifications

409 E. Gaines Street

Tallahassee, FL 32399

Re: Longitude 81 Harbor, Inc.

Dear Sir/Madam:

Enclosed herewith please find the Corporation Reinstatement form for the above-referenced corporation along with the \$150.00 filing fee. Please be advised that the Annual Business Report was not received by the corporation.

If you should have any questions, please do not hesitate to contact me.

Very truly yours,

PERSAUD & DECKER



Lissette Santiago,
secretary to Samuel A. Persaud

Enclosures