

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P94000025111**

1. Corporation Name

**HIDE-A-WAY HARBOR MARINA, INC.**

Principal Place of Business

3700 WEST HIGHWAY 98  
MEXICO BEACH FL 32410

Mailing Address

P O BOX 13250  
MEXICO BEACH FL 32410  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

00 OCT 20 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

03/28/1994

5. FEI Number

59-3232218

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MCCULLOUGH, KAY	105 N 36TH ST	MEXICO BEACH FL
VD	PITTS, SHERRY	4938 SNAKE NATION ROAD	HAHIRA GA
SD	MCCULLOUGH, JAMES	105 N 36 ST.	MEXICO BCH. FL 32410
TD	PITTS, ALLEN	4938 SNAKE NATION ROAD	HAHIRA GA
			400003457684--9 -11/08/00--01079--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

COSTIN, CHARLES A ESQ.  
413 WILLIAMS AVENUE  
PORT ST. JOE FL 32456

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/19/00

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 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 RECEIVED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/00 850 648 5407

Daytime Phone #

**KE**