

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 16 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3232218

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

100004658611--0

10/30/01 01021-014

***750.00 LS ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/15/01

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)(l), 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.

Jim McCULLOUGH

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01

Date

850-648 5407

Daytime Phone #

CR2040 (8/01)