

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 14 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000069745**

1. Corporation Name

MARINER'S POINTE OF POMPANO BEACH, INC.

2. Principal Office Address

295 N.W. 64TH STREET

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip

33487

Country

PALM BEACH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date incorporated or Qualified  
To Do Business in Florida

5. FEI Number 65-0521034

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

BARATTA, PATRICK

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

295 N.W. 64TH STREET

200014099432

03714703--01101--002 \*\*141 25

Suite, Apt. #, Etc.

City

BOCA RATON,

State  
FL

Zip Code

33487

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

REGISTERED AGENT MUST SIGN

Date FEBRUARY 20, 2003

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
President	BARATTA, PATRICK	295 N.W. 64TH STREET	BOCA RATON, FL 33487

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:

PATRICK BARATTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 20, 2003 (561) 416-5736

Date

Daytime Phone #

*Mariner's Pointe of Pompano Beach, Inc.*

(561) 416-5736

295 N.W. 64<sup>th</sup> Street  
Boca Raton, FL 33487

(561) 994-2324 FAX

February 20, 2003

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: Mariner's Pointe of Pompano Beach, Inc.  
Corporate Reinstatement

Dear Sir/Madam:

Enclosed herewith please find our check in the sum of \$158.75 for the annual renewal for the above-captioned corporation along with a Reinstatement Form requesting the reinstatement of the company and a certified Certificate of Status.

Unfortunately, we recently discovered that we never received the 2002 Uniform Business Report from your office. We have moved our office from:

380 N.W. 67<sup>th</sup> Street - Suite 105  
Boca Raton, Florida 33487

to:

395 N.W. 64<sup>th</sup> Street  
Boca Raton, Florida 33487

We would greatly appreciate your reinstating our corporation and forwarding to us a new Uniform Business Report for 2003 so that we can file in a timely fashion.

Thanking you for your kind assistance, we remain

Very truly yours,

  
Patrick A. Baratta

PAB/gvg  
Enclosures