

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000039152

1. Corporation Name

HARBOR COVE MARINA, INC.

FILED

98 MAR 17 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~XXXXXX XXXX XXXX~~
~~XXXXXX XXXX XXXX~~
~~XXXXXX XXXX XXXX~~

Mailing Address

~~XXXXXX XXXX XXXX~~
~~XXXXXX XXXX XXXX~~
~~XXXXXX XXXX XXXX~~

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

2. New Principal Office Address, If Applicable

6536 Harbour Blvd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Post Office Box 9294

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1995

5. FEI Number

59-3320042

APPLIED FOR

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
XB	XXXXXX XXXX	XXXXXX XXXX XXXX	PANAMA CITY BEACH FL 32407
Pres/ Dir.	Ernie Mosley	6536 Harbour Blvd.	Panama City Beach, FL 32407
Sec./Tr/ Dir.	Brenda M. Mosley	6536 Harbour Blvd.	Panama City Beach, FL 32407

400002462554--3
-03/19/98--01109--006
****300.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ROCKY JACKSON~~
~~XXXX BEACH AVENUE~~
~~PANAMA CITY FL 32406~~

Name

Jack G. Williams

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

502 Harmon Avenue

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

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

3/13/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for Information
on Intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ernie Mosley

3/13/98

850-230-0908
Daytime Phone #

CPD6040 (8/97)