

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 20 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000087982**

**1. Corporation Name**

**PORT SIDE MARINE, INC.**

**2. Principal Office Address**

**US. Hwy. 1 M.M. 23**

Suite, Apt. #, etc.

City & State

**Cudjoe Key, Florida**

Zip

**33042**

Country

**USA**

**3. Mailing Office Address**

**PO Box 420463**

Suite, Apt. #, etc.

City & State

**Summerland Key, Florida**

Zip

**33042**

Country

**USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**11/16/1995**

**5. FEI Number**

**65-0630043**

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

**Edward W. Horan; Horan & Horan**

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

**608 Whitehead St**

Suite, Apt. #, Etc.

City

**Key West**

State

**FL**

Zip Code

**33040**

**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

REGISTERED AGENT MUST SIGN

Date

**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
Pres	Gregory M. Klothakis	27351 West Indies Dr.	Ramrod Key, Fl. 33042

**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 119.07(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: *Gregory M. Klothakis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/13/03**

Date

**305-745-8951**

Daytime Phone #

CR2E081 (10/02)

*2/21*

## **Port Side Marine, Inc.**

P.O. Box 420463  
Summerland Key, Fl. 33042

Phone (305) 745-8951

M.M. 23 Cudjoe Key, Fl.

Department of State  
Div. Of Corporations  
Po Box 6327  
Tallahassee, Fl. 32314

Sirs:

Enclosed is a check for reinstatement of corporation. I found out yesterday 03/12/03 That Port Side Marine, Inc. EIN 65-0630043 was dissolved in Oct. 2002. I never received the form to pay the \$150.00 as my mailing address was changed over 2 years ago. I called Dept. of State on 03/12/03 and the clerk told me to fill out the form enclosed and send a check for the amount of \$300.00.

Hope this is correct info.

G. Marc Klothakis President  
port Side Marine, Inc