TOTAL P.02

APPROVED AND FILED

02 NOV 13 PM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000029910

1. Corporation Name

HARBOR BEACH TOURS, INC

REINSTATEMENT 2001-2002

2. Principal Office Address	3. Mailing Office Address
1147 SEABREEZE BLVD	1147 SEABREEZE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE	City & State: FORT LAUDERDALE
Zip: 33316 Country: USA	Zip: 33316 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/01/98

5. FEI Number: 65 08 28 920 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: LINDWALL, ENGELA

Street Address (P.O. Box Number is Not Acceptable): 2311 NE 53rd Street

Suite, Apt. #, Etc.:

City: Fort Lauderdale State: FL Zip Code: 33308

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: EJ Lindwall Engela J Lindwall Date: 12 NOV 2002

REGISTERED AGENT MUST SIGN

CR2E061 (8/01)

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

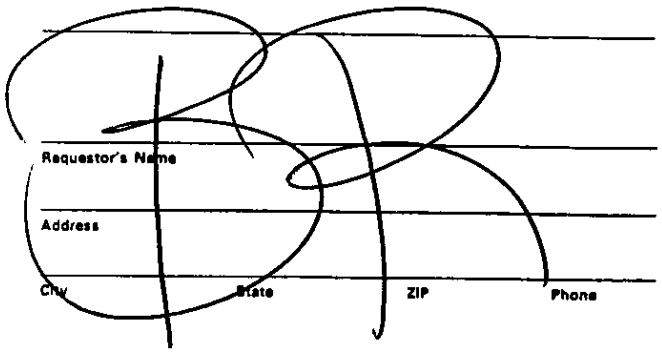
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Lindwall Stn	2311 NE 53rd Street	Fort Lauderdale 333 08 FL.
D	Lindwall Engela	2311 NE 53rd Street	Fort Lauderdale 33308 FL.
D	Lezar Daniel J	1147 Seabreeze Blvd	Fort Lauderdale FL 33316
			500003084625
			11713/02--01069--021 **8.00

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: ENGELA J LINDWALL (DIRECTOR) EJ Lindwall (954)868-4101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 12 NOV 2002 — Daytime Phone #

Charter Number Only



VALIDATION ONLY

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02 NOV 13 AM 10:1
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Harbor Beach Tours, Inc

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
( ) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
( ) Walk In ( ) Will Wait ( ) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier