

H04000003826

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 JAN -7 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000095705

1. Corporation Name

CONCH HARBOR MARINA, INC.

2. Principal Office Address

951 CAROLINE ST.

Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip

33040

Country

USA

3. Mailing Office Address

300 ALTON RD.

Suite, Apt. #, etc.

STE 303

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

11-09-1998

5. FEI Number

65-0878870

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐SB 75 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

RUDOLPH F. RODRIGUEZ

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

300 ALTON RD. STE 303

Suite, Apt. #, Etc.

STE 303

City

MIAMI BEACH

State

FL

Zip Code

33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1-6-04

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	CHRISTOPH, ROBERT W.	300 ALTON RD., STE 303	MIAMI BEACH, FL 33139

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 807.0401 or 817.0401, 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

1-6-04

Date

(305) 672-5588

Daytime Phone #

H04000003826

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January 6, 2004

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: REINSTATEMENT P98000095705
CONCH HARBOR MARINA, INC.

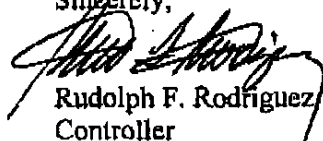
To Whom It May Concern:

Enclosed herewith is Conch Harbor Marina, Inc. reinstatement form for 2003 and our payment for \$300.00 representing the 2003 and 2004 filing fee.

Please consider waiving the re-instatement fee of \$600.00, as we did not receive the form due to an error in the processing of the 2002 report. Please see attached copy, of our filing report for 2002, whereby the address is listed correctly; however, the typed report listed at the state site list the mailing address incorrectly (copy attached).

Thank you for your consideration in this matter.

Sincerely,



Rudolph F. Rodriguez
Controller

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000003826 3)))

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

11275
Account Name : BILZIN, SUMBERG BAENA PRICE & AXELROD LLP.
Account Number : 075350000132
Phone : (305)374-7580
Fax Number : (305)350-2446

CORPORATION REINSTATEMENT

CONCH HARBOR MARINA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$900.00

300.00

Please see attached letter

Electronic Filing Manual

Corporate Filing

Public Access Help

FAXED BY JPL
DATE 7-03 TIME 4:24 AM/PM