

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN -7 PM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 303173

1. Corporation Name

The Harbeson Agency, Inc.

400004880284--3

-02/05/02--01046--010

***1058.75 ***1058.75

400004880284--3

-02/05/02--01046--010

***1058.75 ***1058.00

2. Principal Office Address

29A Miracle Strip Sw

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Walton Beach

City & State

Zip

32548

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/22/66 3/24/966

5. FEI Number

59-1173668

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

W.B. Harbeson III

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

889 E. Miracle Strip

Suite, Apt. #, Etc.

City

Mary Esther

State

FL

Zip Code

32569

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

W.B. Harbeson III

Date 1-3-2002

REGISTERED AGENT MUST SIGN

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	W.B. Harbeson III	889 E. Miracle Strip Mary Esther, FL	Mary Esther, FL 32569
Sec	Nicola C. Harbeson	889 E. Miracle Strip	Mary Esther, FL 32569
Treas	John M. Roberts	580 Mooney Road	Fort Walton Beach, FL 32548

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:

W.B. Harbeson III

W.B. Harbeson III

Date

1/3/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

850-244-1188