

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *89-97*
REINSTATEMENT



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

APPROVED
AND
FILED

97 FEB 10 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767530

1. Corporation Name
Harbor Pines Owners Association, Inc.

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable 700 N. Wickham Road		3. New Mailing Office Address, If Applicable 700 N. Wickham Road		4. Date Incorporated or Qualified To Do Business in Florida 1981	
Suite, Apt. #, etc. Suite 209		Suite, Apt. #, etc. Suite 209		5. FEI Number 59-2365639	
City & State Melbourne, FL		City & State Melbourne, FL		Applied For Not Applicable	
Zip 32935	Country USA	Zip 32935	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	Michael Colker	700 N. Wickham Road Suite 201	Melbourne, FL 32935
VPD	Veronica Autrey	700 N. Wickham Road Suite 204	Melbourne, FL 32935
SD	Wayne Allen	700 N. Wickham Road Suite 106	Melbourne, FL 32935
TD	Robert Stitzel	700 N. Wickham Road Suite 209	Melbourne, FL 32935

REINSTATEMENT 89-97
A. Alan

8. Name and Address of Current Registered Agent N/A	9. Name and Address of New Registered Agent		
	Name Michael Colker		
	Street Address (P.O. Box Number is Not Acceptable) 700 N. Wickham Road		
	Suite, Apt. #, Etc. Suite 201		
	City Melbourne	State FL	Zip Code 32935

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 *[Signature]* Date **2/5/97**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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]* **MICHAEL COLKER** Date **2/5/97** Daytime Phone # **(907) 255-557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/96)