PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 OCT 29 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11367

1. Corporation Name

HARBORDALE SCHOOL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
900 SE 15TH STREET FT. LAUDERDALE FL 33316	900 SE 15TH STREET FT. LAUDERDALE FL 33316

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

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/30/1985

5. FEI Number: 59-2643105 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ — $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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
TD	WRIGHT, TERRI	2424 BARCELONA DRIVE	FORT LAUDERDALE FL 33301
~~PD~~ SD	~~PALMQUISST, YVONNE~~ Suzanne Guerro	900 SE 15TH STREET	FT LAUDERDALE FL 33316
VD	LONGWAY, KIMBERLY	900 SE 15TH ST	FORT LAUDERDALE FL 33301
P	RYDER, NANCY	1309 CORDOVA ROAD	FORT LAUDERDALE FL 33316

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RYDER, NANCY 1309 CORDOVA AROAD FT LAUDERDALE FL 33316	Name: Terri Wright Street Address (P.O. Box Number is Not Acceptable): 2424 Barcelona Dr Suite, Apt. #, Etc.: City: Ft Lauderdale — State: FL — Zip Code: 33301

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Terri L. Wright — Date: 10/23/02

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED Terri L. Wright — 10/22/02 — 954-765-6862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #