

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 23 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000006607**

1. Corporation Name

**Harbor Bend Homeowners
Association, Inc.**

2. Principal Office Address

13627 Dornoch Dr

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32828

Country

Orange

3. Mailing Office Address

PO Box 4656

Suite, Apt. #, etc.

City & State

Winter Park

Zip

32793

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3606538

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

PROPERTY FIRST, Inc.

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

3627 Dor Nach Drive

Suite, Apt. #, Etc.

City

ORLANDO FL 32828

State

FL

Zip Code

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

[Signature]

Date

5.18.05

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
PD	O'DONNELL, Anna	7740 Harbor Lake	ORLANDO, FL 32822
VPD	PORTILLO, Hector	7837 Harbor Bend	ORLANDO, FL 32822
STD	PORTILLO, Margarita	7837 Harbor Bend	ORLANDO, FL 32822

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.18.05

Date

Daytime Phone #

CR2E081 (01/05)