

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 APR 07 PM 4:13

DOCUMENT # 750120

1. Corporation Name

Harrison Terrace Homeowner's Association,
Inc.

200373424072
09/15/21--01024--017 **25.00

2. Principal Office Address - No P.O. Box #

1003 Harrison St.

3. Mailing Office Address

1003 Harrison St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Titusville, FL

Zip

32780

Country

USA

Zip

32780

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1979

5. FEI Number

59-3400838

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

Nicholas Vidoni

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

959 N Cocoa Blvd

Suite, Apt. #, etc.

Suite 5

City

Cocoa

State

FL

Zip Code

32922

No

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

Nicholas Vidoni

REGISTERED AGENT MUST SIGN

Date 9/14/21

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
President	Mary Harvey	1019 Harvey Street	Titusville, FL 32780
VICE President	Sammy Ramadan	957 Harrison Street	Titusville, FL 32780
Secretary Treasurer	Vicki Williams	1001 Harrison Street	Titusville, FL 32780

10. E-mail Address: vidoni@vidonilaw.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Dickie Williams

Vicki Williams

Sec Treasurer

9/15/21

321 340-5688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T MOORE

SEP 15 2021