

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 APR -1 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 501499

**1. Corporation Name**

HARBOR REALTY ASSOCIATES, INC.

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

1004-A N. Lockwood Ridge Road

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34237

Country

**3. Mailing Office Address**

1004-A N. Lockwood Ridge Road

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34237

Country

**REINSTATEMENT**

CR2E081 (12/07)

05-08

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/19/1976

**5. FEI Number**

59-1667240

☐ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**7. Name and Address of Current Registered Agent**

Name

Eugene Schwartz

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

1004-A N. Lockwood Ridge Road

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34237

**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

*Eugene Schwartz*  
REGISTERED AGENT MUST SIGN

Date

3/24/08

**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	Eugene Schwartz	1004-A N. Lockwood Ridge Road	Sarasota, FL 34237
TD	Helene Schwartz	1004-A N. Lockwood Ridge Road	Sarasota, FL 34237

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04/01/08--01017--017 \*\*1200.00

**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 contained in Chapter 119, 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: *Eugene Schwartz* Eugene Schwartz, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

Date

Daytime Phone #

B. Muehler APR 1 2008