

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 83-98  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 APR -3 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 568378

1. Corporation Name

Harcor Investment, Inc.

Principal Place of Business

Mailing Address

6270 N.W. 24 Ave.  
Boca Raton, Fl. 33496

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

6270 N.W. 24 Ave

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, Fl.

City & State

Zip

Country

Zip

Country

33496 Palm Beach

4. Date Incorporated or Qualified  
To Do Business in Florida

Apr. 12, 1978

5. FEI Number

591828531

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	L. Kolman Greenberg	6270 N.W. 24 Ave.	Boca Raton, Fl. 33496
Secy	Harriet Greenberg	6270 N.W. 24 Ave.	Boca Raton, Fl. 33496

100002481971--5

-04/08/98--01009--008

\*\*\*2210.00 \*\*\*2210.00

REINSTATEMENT

83-98

O. Alan

4/3/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

L. Kolman Greenberg  
6270 N.W. 24 Ave.  
Boca Raton, Fl. 33496

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*L. Kolman Greenberg*

REGISTERED AGENT MUST SIGN

Date Apr. 3, 1998

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*L. Kolman Greenberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. KOLMAN GREENBERG

April 3, 1998

Date

Daytime Phone #

(561) 241-3307

CR2E040 (1-98)