

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 13 PM 6:54

DOCUMENT # **568378**

1. Corporation Name

HARCOR INVESTMENT, INC.

Principal Place of Business

Mailing Address

6270 N.W. 24 AVE.
BOCA RATON FL 33496

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1828531

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GREENBERG, KOLMAN L	6270 N.W. 24 AVE.	BOCA RATON FL 33496
S	GREENBERG, HARRIET	6270 N.W. 24 AVE.	BOCA RATON FL 33496

900003481009--4
-11/30/00--01036--013
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREENBERG, KOLMAN L
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

[Signature]

Date

10/12/00

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.

L. Kolman Greenberg

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/00

Daytime Phone #

AD

CR2E040 (8/00)

Narver Investment, Inc.
6270 NW. 24th Ave
Boca Raton, FL 33496
ph 561-241-3307
FAX 561-989-0058

10/12/00 2

To Whom it may Concern,

Since Feb 2/00 my wife and I have been
back and forth from Little Rock, Arkansas to
Boca Raton Florida. I am being treated for
Multiple Myeloma, a Cancer of the bone marrow.
Our mail has been forwarded to us by the
U.S. postal service and we never received any
notification of corporate renewals by any dates.
My wife phoned your office number today
and they said I could explain my problem
to you in a letter and enclose a check for
\$150.00 to renew my corporate status.

Thank-you
J. Kelvin Grubbs
Narver Investment Inc.
Doc # 568378