

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -4 AM 8:01

DOCUMENT # **655825**

1. Corporation Name

HARBOR BAY CONDOMINIUM, INC.

Principal Place of Business

10281 EAST BAY HARBOR ISLAND DR.
BAY HARBOR ISLAND FL 33154

Mailing Address

10281 EAST BAY HARBOR ISLAND DR.
BAY HARBOR ISLAND FL 33154



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1980

5. FEI Number

59-2020995

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GEERTSMA, GARY	10281 EAST BAY HARBOR ISLAND DR.	MIAMI FL 33154
VPD	MANFREDO, JOAN	10281 EAST BAY HARBOR ISLAND DR.	MIAMI FL 33154
STD	DEDONA, ROSE	10281 EAST BAY HARBOR ISLAND DR.	MIAMI FL 33154

900008787869
11/04/02--01085--003 **236.25

8. Name and Address of Current Registered Agent

GEERTSMA, GARY
10281 EAST BAY HARBOR ISLAND DR.
2A
BAY HARBOR ISLAND FL 33154

9. Name and Address of New Registered Agent

Name **GEERTSMA, GARY**
Street Address (P.O. Box Number is Not Acceptable)
918 OCEAN DRIVE
Suite, Apt. #, Etc. **APT 207**
City **MIAMI BEACH** State **FL** Zip Code **33139**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
GARY GEERTSMA
REGISTERED AGENT MUST SIGN **GARY GEERTSMA**

Date

10/31/02

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.

SIGNATURE:

SIGNATURE REQUIRED
GARY GEERTSMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARY GEERTSMA

Date

Daytime Phone #

305 5387957

CR2040 (8/02)

11/18/02

AD