


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>724391</b>		1. Corporation Name <b>HOWARD DRIVE HOMEOWNERS' ASSOCIATION, INC.</b>	
Principal Place of Business <b>8420 S W 140 ST MIAMI FL 33158</b>		Mailing Address <b>8420 S W 140 ST MIAMI FL 33158</b>	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number <b>59-2350499</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		8. Name and Address of Current Registered Agent	
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
D	SAGE, THOMAS E	14011 S W 85 AVE	MIAMI FL
S	POORMAN, PAULA	8420 S W 140TH ST	MIAMI FL
PTD	POORMAN, JOHN	8420 SW 140TH ST	MIAMI FL
V	SIRGANY, YVONNE	8480 SW 140TH ST.	MIAMI FL
D	GRIGSBY, LORRAINE	8421 SW 140TH ST	MIAMI FL
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PORMAN, JOHN 8420 SW 140 ST. MIAMI FL 33158		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
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.		Date <b>10/24/97</b>	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
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)(l), 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: <b>John Porman</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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