

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC -3 AM 10:07

DOCUMENT # 724391

1. Corporation Name

HOWARD DRIVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8420 S W 140 ST
MIAMI FL 33158

8420 S W 140 ST
MIAMI FL 33158



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

REINSTATEMENT

B

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2350499

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
D	SAGE, THOMAS E	14011 S W 85 AVE	MIAMI FL 33158
SD	POORMAN, PAULA D.	8420 S W 140TH ST	MIAMI FL 33158
PT	POORMAN, JOHN H.	8420 S W 140 ST	MIAMI FL 33158
V	SIRGANY, YVONNE	8460 SW 140TH ST.	MIAMI FL 33158
D	GRIGSBY, LORRAINE	8421 SW 140TH ST	MIAMI FL 33158
300004728673--4 -12/17/01--01058--013 ****236.25 ****236.25			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POORMAN, JOHN H
8420 SW 140 ST.
MIAMI FL 33158

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

John H. Poorman
REGISTERED AGENT MUST SIGN

Date

11/28/01

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:

John H. Poorman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/28/01 305-577-7488

CR2ED40 (8/01)