

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 734168

1. Corporation Name

HARBOR BRANCH INSTITUTION, INC.

Principal Place of Business

5600 US 1 N
FT. PIERCE FL 34946
US

Mailing Address

5600 US 1 NORTH
FT. PIERCE FL 34946
US

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

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1975

5. FEI Number

59-1644333

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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| 1 | 2 | 3 | 4 |
| DC | JOHNSON, J. SEWARD JR. | 66 BATTLE ROAD | PRINCETON NJ |
| C | FARINACCI, STEPHEN M | 3208 MEMORY LN | FT. PIERCE FL |
| TS | HEWITT, LOUIS R. | 585 32ND AVE SW | MERCERVILLE NJ |
| DPS | HERMAN, RICHARD J. | 106 18TH AVENUE | VERO BEACH FL |
| DVP | SCHAFER, CARL W. | 44 LAKE LANE | PRINCETON NJ |
| D | JOHNSON, JOHN S III | 29 GREENE STREET | NEW YORK NY 10013 |

8. Name and Address of Current Registered Agent

HERMAN, RICHARD J.
5600 U.S. 1 NORTH
FT. PIERCE FL 34946

9. Name and Address of New Registered Agent

Name
Stephen M. Farinacci
Street Address (P.O. Box Number is Not Acceptable)
5600 U.S. 1 North
Suite, Apt. #, Etc.

City
Ft. Pierce

State
FL

Zip Code
34946

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

Richard J. Herman
REGISTERED AGENT MUST SIGN

Date 10/13/99

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:

Richard J. Herman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/99

Daytime Phone #

CR-250 (8/99)