

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 NOV 13 11:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 745611

1. Corporation Name

Harbor Woods Village Homeowners' Association Inc.

000253803040
11/13/13--01019--004 **306.25

2. Principal Office Address - No P.O. Box #
3086 Hillside Ln.

3. Mailing Office Address
3086 Hillside Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Safety Harbor

City & State
Safety Harbor

Zip Country
34695 USA

Zip Country
34695 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 01/17/1979	
5. FEI Number 591983431	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED Yes (1)	

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Adrian Daniel Perazzo

Street Address (P.O. Box Number is Not Acceptable)
3086 Hillside Ln.

Suite, Apt. #, Etc.

City State Zip Code
Safety Harbor FL 34695

NOV 14 2013

L. SELLERS

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Adrian Daniel Perazzo
REGISTERED AGENT MUST SIGN

Date 11/06/2013

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Adrian Daniel Perazzo	3086 Hillside Ln.	Safety Harbor, FL 34695
V/T/D	Stefanie Perazzo	3086 Hillside Ln.	Safety Harbor, FL 34695
S/D	Sriram Ramanathan	3094 Hillside Ln.	Safety Harbor, FL 34695
REINSTATEMENT 2012-2013			

10. E-mail Address: PresidentHarborWoodsVillage@hotmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Adrian Daniel Perazzo Adrian Daniel Perazzo

11/06/2013

(727) 330-8146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #