

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY -5 PM 12:54

DOCUMENT # 749271

1. Corporation Name

The H.D.A. Industrial Building Condominium
ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

3657 Arnold Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3657 Arnold Ave

Suite, Apt. #, etc.

City & State

Naples FI

City & State

Naples FI

Zip

34104

Country

Collier

Zip

34104

Country

Collier

500155464485

05/05/09--01040--008 **490.00

REINSTATEMENT 02-09KS

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/79

5. FEI Number

749271

59-2578574

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joe Wozniak

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

3657 Arnold Ave

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34104

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0533, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 5-1-09

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
President	James L. Philbrick	149 Muirfield Circle	Naples FI 34113
VP	Valerie Kratz	3663 Arnold Ave	Naples FI 34113
Treasurer	Joe Wozniak	3657 Arnold Ave	Naples FI 34113
Secretary	James L. Philbrick	149 Muirfield Circle	Naples FI 34113

10. 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 contained in Chapter 119, 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:

James L. Philbrick
James L. Philbrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/09

239

774-7954

Daytime Phone #