

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 NOV -1 AM 11:42

DOCUMENT # 754536

1. Corporation Name

HARDING GARDENS CONDOMINIUM ASSOCIATION,  
INC.

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

6920 Harding Avenue

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

Zip

33141

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10-23-1980

5. FEI Number

59-2373472

☐ 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

HILDA LIMA

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

6920 HARDING AVENUE

Suite, Apt. #, Etc.

APT. #307

City

MIAMI BEACH

State

FL

Zip Code

33141

10  
REINSTATEMENT

B 11/2/10

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

*Hilda Lima*

REGISTERED AGENT MUST SIGN

Date 10-28-2010

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/O	VICENTE, MCRAE	6920 HARDING AVE, APT 403	MIAMI BEACH, FL 33141
T/S/P	HILDA, LIMA	6920 HARDING AVE. APT 307	MIAMI BEACH, FL 33141
D/S	MARIA D. CASTRO	6920 HARDING AVE. APT 305	MIAMI BEACH, FL 33141
D	CHARLES ARCHE	6920 HARDING AVE. APT 306	MIAMI BEACH, FL 33141
V/D	EDMUNDO J. PEIXOTO	6920 HARDING AVE. APT. 201	MIAMI BEACH, FL. 33141

10. E-mail Address:

(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., 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.

SIGNATURE:

*Hilda Lima*

HILDA LIMA, TREASURER OF THE BOARD

10-28-10

305-866-6341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #