

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JAN 29 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 754788

1. Corporation Name

HARRISON SQUARE ASSOCIATION, INC.

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

1305 S. FT. HARRISON AVE

Suite, Apt. #, etc.

City & State

CLEARWATER FL

Zip

33756

Country

US

3. Mailing Office Address

40347 US 19 N

Suite, Apt. #, etc.

Stk 229

City & State

TARPON SPRINGS FL

Zip

34689

Country

US

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

1980

5. FEI Number

592069256

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

JIM RANALLO

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

40347 US 19 N

Suite, Apt. #, Etc.

Stk 229

City

TARPON SPRINGS

State

FL

Zip Code

34689

☐ 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 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1/17/08

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	BRIAN SALISBURY	1305 S. FT. HARRISON	CLEARWATER, FL 33756
S	EVA SALISBURY	1305 S FT HARRISON	CLEARWATER, FL 33756

300116334653  
01/29/08--01019--002 \*\*\$65.00

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08 727-938-7730  
Date Daytime Phone #

201/30