

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2023 JUN -2 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 757987

1. Corporation Name

HIGHLAND HARBOUR CONDOMINIUM ASSOCIATION, INC.

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

4210 SOUTH OCEAN BOULEVARD

3. Mailing Office Address

4210 SOUTH OCEAN BOULEVARD

Suite, Apt. #, etc.

UNIT #2

Suite, Apt. #, etc.

UNIT #2

City & State

HIGHLAND BEACH, FLORIDA

City & State

HIGHLAND BEACH, FLORIDA

Zip

33487

Country

USA

Zip

33487

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 11, 1981

5. FEI Number

59-2094307

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
YES

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES M. PAINTER, ESQ.

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

1300 NORTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

SUITE 110

City

BOCA RATON

State

FL

Zip Code

33432-2848

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

Date MAY 30, 2023

REGISTERED AGENT MUST SIGN

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
D/P	TELLER, ALAN	4210 SOUTH OCEAN BOULEVARD, UNIT #1	HIGHLAND BEACH, FLORIDA 33487
D/S/T	TELLER, PAULA	4210 SOUTH OCEAN BOULEVARD, UNIT #1	HIGHLAND BEACH, FLORIDA 33487
D/P/IAT	PAINTER, JAMES M.	4210 SOUTH OCEAN BOULEVARD, UNIT #2	HIGHLAND BEACH, FLORIDA 33487

10. E-mail Address: JMWLLCP@AOL.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

*James M. Painter*  
JAMES M. PAINTER, DIRECTOR/VICE PRES.

Date MAY 30, 2023

561-368-7175 ILSON

Daytime Phone #

JUN - 2 2023