

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY -7 AM 8:59

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # 763406

1. Corporation Name

HARBOR NORTH CIVIC ASSOCIATION, Inc.

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

4636 HARBOR NORTH CT.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32225

Country

DAVAL

3. Mailing Office Address

N/A

Suite, Apt. #, etc.

City & State

**REINSTATEMENT** 02-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

592189960

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

SANDRA E. HIBBARD

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

4636 HARBOR NORTH CT.

Suite, Apt. #, Etc.

City

JACKSONVILLE, FLORIDA

State

FL

Zip Code

32225

☐ 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

Sandra E. Hibbard

Date 5/4/07

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
PD	<u>Carlene J. Lee</u>	<u>4581 Harbour North Ct</u>	<u>Jacksonville, FL 32225</u>
VPD	<u>Sandra Hibbard</u>	<u>4636 Harbour North Ct.</u>	<u>"Jax" FL 32225</u>
SD			
TD	<u>Larry Wittmer</u>	<u>11307 Beacon Dr</u>	<u>Jacksonville FL 32225</u>

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:

Carlene J. Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/04/07 904644-7340

Date

Daytime Phone #