

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 MAR 26 AM 10:37

DOCUMENT # 767600

1. Corporation Name

Harbor Pointe Condo Assoc of Dunedin, INC.

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

2445 Tampa Road

3. Mailing Office Address

2445 Tampa Road

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

Palm Harbor

City & State

Palm Harbor

Zip

34683

Country

Pinellas

Zip

34683

Country

Pinellas

7. Name and Address of Current Registered Agent

Name

Walter R Sieg, Jr.

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

2445 Tampa Road

Suite, Apt. #, Etc.

B

City

Palm Harbor

State

FL

Zip Code

34683

4. Date incorporated or Qualified
To Do Business in Florida

03/23/1983

5. FEI Number
59-2273371

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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

Walter R Sieg, Jr.

Date 3/19/2009

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
P	Thomas McCole	460 S. Paula Drive #304	Dunedin, FL 34698
V	Robert Gaddis	460 S. Paula Drive #307	Dunedin, FL 34698
T	Pat Berens	460 S. Paula Drive #302	Dunedin, FL 34698
S	Diane Gleason	460 S. Paula Drive #301	Dunedin, FL 34698
D	Ernie Stein	3117 Coventry East	Safety Harbor, FL 34695

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:

Thomas McCole

Thomas McCole

3/19/2009

727-787-7811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #