

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 571660

1. Corporation Name
Harborview Plaza, Inc.
24258 Harborview Road
Charlotte Harbor, FL 33980

Principal Place of Business Mailing Address
4560 Tamiami Trail 24258 Harborview Road
Port Charlotte, FL 33980 Charlotte Harbor, FL 33980

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5/7/87	
City & State		City & State		5. FEI Number	
Zip		Country		59-2816125	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT

99R

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	Abe Al Arnasi (o)	4560 Tamiami Trail	Port Charlotte, FL 33980

600003034296--2
-11/03/99-01002-014
***750.00 ***750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Abe Al Arnasi	
		Street Address (P.O. Box Number is Not Acceptable) 4560 Tamiami Trail	
		Suite, Apt. #, Etc.	
		City Port Charlotte	State Zip Code FL 33980

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *A. A. Arnasi*
REGISTERED AGENT MUST SIGN

Date X 10-21-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: *A. A. Arnasi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date X 10-21-99
Daytime Phone #

KE

CR2E061 (12/98)