

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
STATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 AUG 26 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K37872

1. Corporation Name

North Harbour, Inc.
c/o 8317 North Armenia Ave.
Tampa, FL 33604

Principal Place of Business

Mailing Address

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
10-11-88

5. FEI Number

59-2914290

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Claude Ward	c/o 8317 N.Armenia Ave.	Tampa, FL 33604
SD	Thomas Pantaleo	c/o 8317 N. Armenia Ave.	Tampa, FL 33604
A/S	Laura R. Dunlap	1201 Hays Street	Tallahassee, FL 32301
			300002277393--8

REINSTATEMENT

96-97

SL 8-26-97

8. Name and Address of Current Registered Agent

Thomas Pantaleo
8010 Grand Blvd.
Port Richey, FL 34668

9. Name and Address of New Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.
City Tallahassee State FL Zip Code 32301

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 *Laura R. Dunlap* Laura R. Dunlap as agent for
REGISTERED AGENT MUST SIGN Corporation Service Company

Date 8-25-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 *Laura R. Dunlap* Laura R. Dunlap asst. sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-97

Date

222- 9171

Daytime Phone #

CR2E040 (12/96)



ACCOUNT NO. : 072100000032

REFERENCE : 508512 9186A

AUTHORIZATION :

Patricia Pyjunt

COST LIMIT : \$ 923.75

ORDER DATE : August 25, 1997

ORDER TIME : 6:02 PM

ORDER NO. : 508512-005

CUSTOMER NO: 9186A

CUSTOMER: C. Stephen Allen, Esq
C. Stephen Allen, P.a.
Suite 335
4830 West Kennedy Boulevard
Tampa, FL 33609

DOMESTIC FILINGS

NAME: NORTH HARBOUR, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS _____

RECEIVED
97 AUG 26 AM 10:46
DIVISION OF CORPORATION