

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -2 PM 1:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L00000008995

1. Corporation Name

Harbsmeier & DeZayas Investments, LLC

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

5116 South Lakeland Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 6455
Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33813

Country

Polk

Zip

33807-6455

Country

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3658981

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

Curt L. Harbsmeier

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

5116 South Lakeland Drive

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

XX 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

Date **01/29/2010**

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
MGRM	Curt L. Harbsmeier	5116 South Lakeland Dr.	Lakeland, FL 33813
MGRM	Bruno F. DeZayas	5116 South Lakeland Dr.	Lakeland, FL 33813

JB

REINSTATEMENT 2009-10

10. E-mail Address:

jearpenter@ndalaw.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., 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.

SIGNATURE:

01/29/2010 863-619-7330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #