


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB 15 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>100000002734</u>					
1. Corporation Name <u>Harvard Street Villas Condominium Association, Inc.</u>					
2. Principal Office Address <u>19 W. Harvard St.</u> Suite, Apt. #, etc.			3. Mailing Office Address <u>19 W. Harvard St.</u> Suite, Apt. #, etc.		
City & State <u>Orlando, FL</u>			City & State <u>Orlando, FL</u>		
Zip <u>32804</u>		Country <u>U.S.</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>4/20/2000</u>	
5. FEI Number <u>80-011385</u>				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				33.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Sarah Watson Osthern

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

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32804

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent Sarah W Osthern Date 2/14/05

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	<u>Sarah Osthern</u>	<u>750 Boardman St.</u>	<u>Orlando, FL 32804</u>
S	<u>Michael Osthern</u>	<u>750 Boardman St.</u>	<u>Orlando, FL 32804</u>
V	<u>Brent Harrell</u>	<u>21 W. Harvard St.</u>	<u>Orlando, FL 32804</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 under section 118.07(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: Sarah W Osthern Date 2/14/05 Daytime Phone # 407-843-3904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY OF STATE

REINSTATEMENT 02/05

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MJ