

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

132

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 22 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000009031

1. Corporation Name

Harmony Development Center, Inc.

500010399035
01/21/03--01099--004 *\$122.50

2. Principal Office Address

1304 SW 16th Avenue

Suite, Apt. #, etc.

219

City & State

Sunrise, FL

Zip

33326

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/01

5. FEI Number

80-0004598

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

NEW-

7. Name and Address of Current Registered Agent

Name

Charles J. Goldman, P.A.

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

601 S. Federal Highway

Suite, Apt. #, Etc.

City

Hollywood

State
FL

Zip Code

33020

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

1/14/03

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
PO	Myriam-Campo	1304 SW 16th Ave. #219	Sunrise, FL 33326
D	Mary Partan	1304 SW 16th Ave. #219	Sunrise, FL 33326
D	COSTA, ARTHUR	1304 SW 16th Ave 219	Sunrise FL 33326

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 472-1260

Date

Daytime Phone #

CR20081 (10/02)

272
LAW OFFICES OF

Charles J. Goldman, P.A.

601 SOUTH FEDERAL HIGHWAY
HOLLYWOOD, FLORIDA 33020

BROWARD: (954) 920-1986
FAX: (954) 929-2440

January 17, 2003

Department of State
Division of Corporations-
P.O. Box 6327
Tallahassee, Florida 32314

Re: Harmony Development Center, Inc.

Dear Sir or Madame:

Enclosed please find the Corporation Reinstatement form relative to the above-referenced matter.

Please be advised that due to an address change the 2002 renewal was never received. Enclosed is my check in the amount of \$122.50 for 2002 and 2003.

If you need any additional information, please do not hesitate to contact me.

Very truly yours,

CHARLES J. GOLDMAN
CJG:csg
Enclosures