


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <i>NO 00000 9855</i>			
1. Corporation Name <i>Harmony Harbor Chapter Sweet Adelines International, Inc.</i>			
2. Principal Office Address <i>same</i>		3. Mailing Office Address <i>3449 MacLaren Dr.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Palm Harbor, FL</i>	
Zip	Country	Zip	Country
		<i>34684</i>	<i>USA</i>

5/21/02 91191 012 61.25

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900021409539  
07/09/03--01023--004 \*\*61.25

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

*74-2739836*

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

*Linda Rady*

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

*930 Britton St.*

Suite, Apt. #, Etc.

City

*Largo*

State  
**FL**

Zip Code

*33770*

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

*Linda Rady*

Date *7/7/2003*

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
<i>Pres/</i>	<i>Jane Martin</i>	<i>3449 MacLaren Dr.</i>	<i>Palm Harbor, FL 34684</i>
<i>Treas.</i>	<i>Linda Rady</i>	<i>930 Britton St.</i>	<i>Largo, FL 33770</i>
<i>Sec.</i>	<i>Barbara Friden</i>	<i>11318 Cayman Key Ave.</i>	<i>Tampa, FL 33624</i>

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:

*Linda Rady*

*Linda Rady*

*7/7/2003*

*727-450-2301*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*JK 7/10*

CR2E081 (10/02)

**HARMONY HARBOR CHORUS**

**930 Britton Street**

**Largo, FL 33770**

July 7, 2003

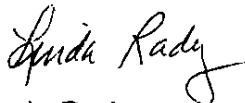
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Ref. No. N02000002855

In response to the enclosed letter, I called your offices to determine why additional fees were required. I learned that it was due to an incomplete report filed in 2002 and that multiple notices from your office for a completed report were not returned. I can find no record that those notices were received, and, therefore, ask that the reinstatement fee be waived.

Enclosed is a Corporation Reinstatement form, along with the UBR Form and \$61.25 fee for 2003. If you need additional information, please let me know.

Sincerely,



Linda Rady  
Treasurer

Enclosures