PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED										
REINSTATEMENT		Secretary of S	DEPARTMENT OF STATE ecretary of State sion of corporations		06 JUN 22 SEURETARY TALLAHASSE	80 :01 MA				
DOCUMENT # NO2_00007304 1. Corporation Name HARBOR VIEW DAYTONA CONDOMINIUM ASSOCIATION, INC										
2. Principal / 4/5 Suite, Apt. #	Office Address N. HALIFAY AVE	3. Mailing Office Address 1326 5. R106 Sulte, Apt. #, etc.	EWOOD AUE	Date Incorporated of		1				
City & State		City & State		To Do Business in Florida 9/34/2002 5. FEI Number Applied For						
<u>DAY1</u>	ONA BEACH, FL Country	DAYTONA BEA	ONA BEACH, FL.		7710	Not Applicable				
321			15 A	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status						
	7. Name and Address of Current Registered Agent Name RONALD D CLIFTON, JR SIDIOTEB73293 Street Address (P.O. Box Number is Not Acceptable) 1326 5. LIDGEWOOD AUE Suite, Apr. #, Etc. 14 City DAYTONA BEACH, FL State Zip Code FL 32/1/4									
8. I, being Signature of Registered	Agent(1 1 1 1	7	ations of section 607.0	1/0/0	5 <u>C</u>				
9. Names	and Street Addresses of Each Officer an	d/or Director (Florida nonprofit cor	porations must list at least	3 directors)	*	XX				
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State /	ZYD, NE,				
P	STANLEY SHORE	145 N.	HALIFAX A	#304 UE DA	AYTONA BEF	ACH, FL				
VΡ	JUDITH FLAHER	TY 145 N. H	ALIFAX AUE	#608 DI	AYTONA BEA	12/18 1CH, FL				
T/5	SALLY DUPREE	145 N. H	ALFAY AUE	1	YTONA BEAC					
D	DSCAR WOODY "WI	LSON 145 N. H.	ALIFAY AUE	# 808 DA	YTONA BEAC	H, FL 32-118				
D	JONATHAN HED	FORD 145 N.	HALIFAY AUG	.1	YTOWA BEACI	3-11X				
	JAMES WILL BOD	ALVER 140 N A	FALLEAX ADE	#106 DA	VIDUA BEACH	1, PL 32-118				

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 contained in Chapter 119, 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:

SMNRY OJ HIML SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/04 38-253-4724 Date Daytime Phone #

Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS							
	UMENT #			1			
HAR	BOR VIEW DAYTO	NACONDOH ASSOC	INIUM ,ATION, INC				
2. Principa	al Office Address	3. Malling Office A	3. Malling Office Address Suite, Apt. #, etc.		CR2E081 (12/05)		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. Date Incorporated or Qualified		
City & State		City & State	City & State		To Do Business in Florida 5. FEI Number 73 -1457710 Not Applied For		
Zip	Country	Zlp	Country	•	Not Applicable F STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status		
		7 Name	and Address of Current Reals		tor a Certificate of Status		
	7. Name and Address of Current Registered Agent Name						
	Street Address (P.O. Box Number	ls Not Acceptable)					
	Suite, Apt. #, Etc.						
	City				State Zip Code FL		
8. I, being Signature of Registered	g appointed the egistered agent of the of Agent	eal O. (, am familiar with and accept the	e obligations of section	607.0505 or 617.0503, F.S. Date		
9. Name	es and Street Addresses of Each Office	r and/or Director (Florida r	nonprofit corporations must list a	t least 3 directors)			
Titles	Name of Officers and/or Direct		Street Address of E Officer and/or Direct	ach	City / State / Zip		
\mathcal{D}	JOHN HARDEN 145 N. HALIFA		5 N. HALIFAY	AUE 605	DAYTONA BEACH, FL33/18		
М	LOHN HARDEN 145 N. HALIFA RONALD D CLIFTON, JR 1326 3. RIBGEW		#14 OD AUE	DAYTOWA BEACH, FL 32114			
this re owed on this	einstatement application, the reason for by the corporation have been paid and is application is true and accurate and	dissolution has been elim the names of individuals I my signature shall have th	inated, the corporate name satis isted on this form do not qualify to e same legal effect as if made un to the same legal effect as if made un	fies the requirements of for an exemption contain nder oath.	er 607 or 617, F.S. I further certify that when filing section 607.0401 or 617.0401, F.S., that all fees ned in Chapter 119, F.S. The information indicated		

CLIFTON FINANCIAL SERVICES

LISCENSED MORTGAGE BROKER BUSINESS*COMMUNITY ASSOCIATION MANAGERS*TITLE INSURANCE*REAL ESTATE SERVICE
1326 South Ridgewood Ave., Ste. 14, Daytona Beach, FL 32114 Tel (386)767-5575(386)255-5234*
2471 Aloma Ave, #201, Winter Park, FL 32792 Tel (407)681-0777 * (407) 681-3777

June 9, 2006

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Harbor View Daytona Condominium Association, Inc.

145 N. Halifax Ave Daytona Beach, FL 32118

FEI: 73-1657710

To Whom It May Concern:

This letter is to inform you that Clifton Financial Services, Inc. never received the annual report notices in the year of dissolution/revocation for Harbor View Daytona Condominium Association, Inc.

Please also be informed, that there is an additional page for Officers and Directors enclosed. If you are In need of any additional information, please feel free to contact our office at the Daytona Beach, FL numbers above.

Thank you in advance for your anticipated cooperation and help in this matter.

Sincerely,

Kathy Marcley

Community Association Manager Clifton Financial Services, Inc.

Kachy Marcley, CAM