

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 20 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000006419

1. Corporation Name

Harrington at Halifax Plantation Homeowners Assn

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

3400 Clubhouse Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

3400 Clubhouse Dr.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32174

Country

Volusia

Zip

32174

Country

Volusia

4. Date Incorporated or Qualified
To Do Business in Florida

July 28, 2003

5. FEI Number
57-1187390

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
Frederick Reamer

Street Address (P.O. Box Number is Not Acceptable)
1450 Dolph Circle

Suite, Apt. #, Etc.

City
Ormond Beach

State
FL

Zip Code
32174

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date March 18, 2009

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/T/D | John A. Walters, Jr. | 3516 Tory Circle | Ormond Beach, FL 32174 |
| V/D | Michael McRae | 1418 Dolph Circle | Ormond Beach, FL 32174 |
| S/D | Peter Hartman | 1319 Elli Circle | Ormond Beach, FL 32174 |
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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:

[Signature]

John A Walters, Jr. President

March 18, 2009 386 673 9015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #