

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2013-2014

DOCUMENT # N04000007563

1. Corporation Name

The Harborage on Braden River Homeowners Association, Inc.

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

2477 Stickney Point Road

Suite, Apt. #, etc.

118A

City & State

Sarasota, FL

Zip

34231

Country

USA

3. Mailing Office Address

2477 Stickney Point Road

Suite, Apt. #, etc.

118A

City & State

Sarasota, FL

Zip

34231

Country

USA

CR2E081 (11/10)

4. Date incorporated or Qualified
To Do Business in Florida
08-02-2004

5. FEI Number

20-1452729

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
no

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARGUS PROPERTY MANAGEMENT, INC.

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

2477 STICKNEY POINT ROAD

Suite, Apt. #, Etc.

SUITE 118A

City

SARASOTA

State

FL

Zip Code

34231

600256413786
02/05/14--01024--013 **297.50

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

Loryn Hawkins

REGISTERED AGENT MUST SIGN

Date 1/17/14

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	MARIANNE THOMSEN	5608 WHITEHEAD ST	BRADENTON, FL 34203
D	CATHY BONENBERGER	5670 WHITEHEAD ST	BRADENTON, FL 34203
S	MICHELE CONNIZO	5623 SIMONTON ST	BRADENTON, FL 34203
T	BRIAN KITLEY	5646 WHITEHEAD ST	BRADENTON, FL 34203

10. E-mail Address: loryn@argusmgmt.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Loryn Hawkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/14

Date

941-927-6464

Daytime Phone #

K ASHTON