


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2006 ANNUAL REPORT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 FEB 20 PM 2:10	
DOCUMENT # <i>NO 5000004553</i>					
1. Corporation Name <i>HARP # 5384 PALM COAST/FLAGLER CHAPTER</i>					
2. Principal Office Address <i>5 CARR COURT</i>		3. Mailing Office Address <i>5 CARR CT</i>			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State <i>PALM COAST FL</i>		City & State <i>PALM COAST FL</i>			
Zip <i>32137</i>	Country <i>FLAGLER</i>	Zip <i>32137</i>	Country <i>FLAGLER</i>		
				4. Date Incorporated or Qualified To Do Business in Florida <i>JUNE 2005</i>	
				5. FEI Number <i>0067510</i>	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <i>BERNARD TOBER</i>					
Street Address (P.O. Box Number is Not Acceptable) <i>5 CARR COURT</i>					
Suite, Apt. #, Etc. _____					
City <i>PALM COAST</i>				State <i>FL</i>	Zip Code <i>32137</i>
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 <i>Bernard Tober</i>				Date <i>2/15/2006</i>	
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		
P	BERNARD TOBER	5 CARR COURT	PALM COAST FL 32137		
T	LINDA ANDERSON	29 PENN LN	PALM COAST FL 32164		
S	LUELLA BENJAMIN	21 WASSEMAN DR.	PALM COAST FL 32164		
V	JERRY UNGER	120 WELLSTONE DR	PALM COAST FL 32164		
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: <i>Bernard Tober</i> BERNARD TOBER				Date <i>2/15/2006</i> Daytime Phone # <i>386-445-2505</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					