

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 18 AM 9:58

DOCUMENT # N06000009572

1. Corporation Name

HARBOR DEL MAR HOMEOWNERS ASSOCIATION, INC.

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

1136 Route 9

3. Mailing Office Address

1136 Route 9

Suite, Apt. #, etc.

U-1

Suite, Apt. #, etc.

U-1

City & State

Wappingers Falls

City & State

Wappingers Falls

Zip

12590

Country

USA

Zip

12590

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/11/2006

5. FEI Number

205532394

☐ 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

Gregory T. Martini

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

2655 LeJeune Road

Suite, Apt. #, Etc.

Suite 1101

City

Coral Gables

State

FL

Zip Code

33134

800184460318
08/18/10--01029--006 **358.75

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

REGISTERED AGENT MUST SIGN

Date **8/4/2010**

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
PSTD	Joseph A. Pettinella	1136 Route 9, #U-1	Wappingers Falls, NY 12590

B 8/19/10

REINSTATEMENT 08-10

10. E-mail Address: **jpettinell@aol.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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/11/2010

Daytime Phone #

(914) 755-2245