

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN 25 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19372

1. Corporation Name

HARBOUR OAKS TOWNE HOME CONDOMINIUM ASSOCIATION
, INC.

Principal Place of Business

HARBOUR OAKS CONDO. OFFICE
801 SE 16TH CT.
FT. LAUDERDALE FL 33316
US

Mailing Address

HARBOUR OAKS CONDO. OFFICE
801 SE 16TH CT. #8
FT. LAUDERDALE FL 33316
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 97-99

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/1987

5. FEI Number

65-0011241

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
PD	COOPE, GERARD	801 SE 16 CT #8
TD	BECK, TARA	801 SE 16 CT #7
VD	HERBIK, JEFFREY	801 SE 16 ST #2
SD	DAVIDSAVER, GLORIA	801 SE 16TH CT #4
DE	DONNELLY, JOSEPH	801 SE 16 CT #8
FO	FRISA, JOAN	801 SE 16 CT #12

City / State / Zip

FT. LAUDERDALE FL

FT. LAUDERDALE FL

FT. LAUDERDALE FL

FT. LAUDERDALE FL

FT. LAUDERDALE FL

FT. LAUDERDALE FL

8. Name and Address of Current Registered Agent

DONNELLY, JOSEPH A
801 SE 16TH CT
STE 9
FT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

DEAN W. HAVRY
801 SE 16TH CT
STE 9
FT. LAUDERDALE FL 33316

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/20/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

954-53-9556