

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 JUN 10 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42679

1. Corporation Name

Harbour Cut Condominium Association, Inc.

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

280 A Lewis Circle

Suite, Apt. #, etc.

City & State

Punta Gorda FL

Zip

33950

Country

USA

3. Mailing Office Address

280 A LEWIS CIR.

Suite, Apt. #, etc.

City & State

PUNTA GORDA FL

Zip

33950

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/22/91

5. FEI Number

650254582

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

DAVID K. OAKS, ESQ.

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

407 EAST MARION AVENUE, SUITE 101

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33950

☐ 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

David K. Oaks

REGISTERED AGENT MUST SIGN

Date

6-3-08

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
TPD	JAMES J. SAYERS	280 A LEWIS CIR	PUNTA GORDA FL 33950
SVD	ANN THERESE SAYERS	280 A LEWIS CIR	PUNTA GORDA FL 33950
VD	LUCILLE PFEIFFER	280 C LEWIS CIR.	PUNTA GORDA FL 33950

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06/10/08 01024-013 **357.50

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:

JAMES J. SAYERS
James J. Sayers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

262 877 3375
5-27-08 941 575 6211
Date Daytime Phone #