

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 JAN 26 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42679

1. Corporation Name
Harbour Cut Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #
280 A Lewis Circle

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Punta Gorda, FL

City & State

Zip 33950 Country USA

Zip Country

500192569605
01/26/11--01029--001 **297.50

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

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 State Zip Code
Punta Gorda FL 33950

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 1/20/11

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	Sayers, James J.	280-A Lewis Circle	Punta Gorda, FL 33950
SVD	Sayers, Ann Therese	280-A Lewis Circle	Punta Gorda, FL 33950
VD	Pfeiffer, Lucille	280-C Lewis Circle	Punta Gorda, FL 33950

REINSTATEMENT RH

10. E-mail Address: ☒ doaksesq@comcast.net

(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: *James J. Sayers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #