

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 MAR 27 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45174

1. Corporation Name

HARBOR HOUSE OF DESTIN OWNERS ASSOCIATION, INC.

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

654 Hwy 98 E.

Suite, Apt. #, etc.

3. Mailing Office Address

3839 Misty Way

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Destin, FL

Zip

32541

Country

USA

Zip

32541

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1988

5. FEI Number

☒ 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

Kerry Anne Schultz

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

2045 Fountain Professional Ct.

Suite, Apt. #, Etc.

Suite A

City

Navarre

State

FL

Zip Code

32566

REINSTATEMENT

8-12

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0507, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/20/12

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
D	James Kesterson	4030 Indian Trail	Destin, FL 32541
D	Alejandro Mourino	24 Linden Street	Allston MA 02134
D	Lance DuBose	3839 Misty Way	Destin, FL
D	Larry DuBose	3839 Misty Way	Destin, FL
D	Maria Mourino	24 Linden Street	Allston MA 02134

10. E-mail Address: KASchultz@FountainLaw.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., 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/12

Date

251-7694319

Daytime Phone #