

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra P. Moham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 MAR 10 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NA4000003802

1. Corporation Name

Harmbe Properties & Management Service  
5045 South Drive #13  
Jacksonville, FL 32208

Principal Place of Business

Mailing Address

NA70000025525

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

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59 3245774

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ 700002453927--5  
-03/11/98--01068--015  
\*\*\*\*61.25 \*\*\*\*61.25

\$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)	
1	2	3	4
P	Bishop Calvin D. Kinsey	9462 August Drive	Jax., FL 32226
VP	Naomi Halford	319 W. 17th Street	Jax, FL 32206
T	Gregory Austin	3863 Ashridge Dr	Jax, FL 32225
S	Patricia Jackson	9050 9th Avenue	Jax., FL 32226

REINSTATEMENT 96-97

A. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Bishop Calvin D. Kinsey  
9462 August Drive  
Jax., FL 32208

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

C. D. Kinsey

REGISTERED AGENT MUST SIGN

Date

10/28/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

C. D. Kinsey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/97  
Date

904 768-2030  
Daytime Phone #

CR2040 (12/96)