

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006243

1. Corporation Name

HARBOR SOUND HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

601 SW 5TH AVE FLL
FORT LAUDERDALE FL 33315
US

Mailing Address

601 SW 5TH AVE FLL
FORT LAUDERDALE FL 33315
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1997

SP

5. FEI Number

65-0806573

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ROGERS, ALEXANDER	601 SW 5TH AVE	FORT LAUDERDALE FL 33315
TD	DELAMETER, MAUREEN	603 SW 5TH AVE	FORT LAUDERDALE FL 33315
SD	SHEA, VALERIE	605 SW 5TH AVE	FORT LAUDERDALE FL 33315
D	SANDBACH, MERRILL	607 SW 5TH AVE	FORT LAUDERDALE FL 33315
D	WRIGHT, CYNTHIA	609 SW 5TH AVE	FORT LAUDERDALE FL 33315
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8. Name and Address of Current Registered Agent

KELSO-MOORE, TERI
2900 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE FL 33306

9. Name and Address of New Registered Agent

Name

VALERIE SHEA

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

605 SW 5th Ave.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33315

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

VALERIE SHEA
REGISTERED AGENT MUST SIGN

Date

Dec. 26 '00

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., 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

Secretary

Date

12-26-00

Daytime Phone #

2800

954-527-