

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**10 MAR 29 AM 8:52**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # N98000003091**

1. Corporation Name

Harbor Professional Center Condominium Association, Inc.

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

205 Datura Street

Suite, Apt. #, etc.

3. Mailing Office Address

205 Datura Street, Attn: Realty Services

Suite, Apt. #, etc.

City & State

West palm Beach, Fl

City & State

West Palm Beach, Fl

Zip

33401

Country

Palm Beach

Zip

33401

Country

Palm Beach

4. Date Incorporated or Qualified  
To Do Business in Florida

05/26/1998

5. FEI Number  
650934012

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

Jimmie McCurter

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

205 Datura Street

Suite, Apt. #, Etc.

Attn: Realty Services

City

West Palm Beach

State

FL

Zip Code

33401

☒ 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

Date 03/02/10

REGISTERED AGENT MUST SIGN

**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
PD	Jimmie McCurter	205 Datura Street	West Palm Beach, Fl 33401
SD	Dawn Myers	205 Datura Street	West Palm Beach, Fl 33401
TD	George Johnson	205 Datura Street	West Palm Beach, Fl 33401

**REINSTATEMENT**

**Rh**

10. E-mail Address: jimmie.mccurter@pnc.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., that all fees owed by the corporation have been paid, further, that 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:**

Jimmie McCurter

03/02/10

772-216-1391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #