

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC 27 AM 8:57

SECRET FLORIDA STATE TALK STATE FLORIDA

DOCUMENT # N98000006864

1. Corporation Name
 HARLAN SQUARE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address
 2278 HARLAN AVE. 2278 HARLAN AVE.
 FORT WALTON BEACH FL 32547 FORT WALTON BEACH FL 32547



500009717595
 12/27/02--01051--002 **\$1.25

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 | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. 991 Kirkley Ct | | Suite, Apt. #, etc. 991 Kirkley Ct | | 12/01/1998 | |
| City & State Fort Walton Beach, FL | | City & State Fort Walton Beach, FL | | 5. FEI Number | |
| Zip 32547 | | Zip 32547 | | 59-3636438 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |
| | | | | \$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 | City / State / Zip |
|----------|--------------------------------------|---|----------------------------|
| PD | HENDERSON, JIMMY Gasbarro, Tamra | 714-B BOB SIKES BLVD. 991 Kirkley Ct. | FORT WALTON BEACH FL 32547 |
| TD | WOLLAND, MARIBETH Gasbarro, Tamra | 2278 HARLAN AVE. 991 Kirkley Ct. | FORT WALTON BEACH FL 32547 |
| VPD | MARSHALL, RENEE | 2271 HARLAN AVENUE | FORT WALTON BEACH FL 32547 |
| SD | GORCZYNSKI, PATT | 2288 HARLAN AVENUE | FORT WALTON BEACH FL 32547 |

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| | | | |
|---|--|---|-------------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| WOLLAND, MARIBETH 2278 HARLAN AVE. FORT WALTON BEACH FL 32547 | | Name Gasbarro Tamra | |
| | | Street Address (P.O. Box Number is Not Acceptable) 991 Kirkley Ct. | |
| | | Suite, Apt. #, Etc. | |
| | | City Fort Walton Beach | State FL |
| | | Zip Code 32547 | |

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 12-20-02
 REGISTERED AGENT MUST SIGN

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 REQUIRED Date: 12-20-02 Daytime Phone #: 314-7421
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)


Harlan Square Homeowners Association
991 Kirkley Court
Fort Walton Beach, Florida 32547
850-314-7421

December 20, 2002

To whom it may concern:

I am writing in regards to the (URB) that I have received. This is the first form that I have received and I would like to have the reinstatement fee waived. I have also sent a check for the 2002 fee and the 2003 fee. If I can be of further assistance in this matter please feel free to contact me.

Sincerely,
Tamra H. Gasbarro
President/ Treasure
Harlan Square Homeowners Association

A handwritten signature in cursive script, appearing to read "Tamra H. Gasbarro".