

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006864

1. Corporation Name

HARLAN SQUARE HOMEOWNER'S ASSOCIATION, INC.

2. Principal Office Address

2271 HARLAN AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

REINSTATEMENT

17-27-02 01051 002 #61-257

City & State

FORT WALTON BCH, FL

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1998

5. FEI Number

593636438

Applied For

Not Applicable

Zip

Country

32547

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RENEE MARSHALL

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

2271 HARLAN AVE

Suite, Apt. #, Etc.

City

FORT WALTON BCH

State

FL

Zip Code

32547

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

Renee Marshall

Date 10-14-03

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 Officers and/or Director	City/State/Zip
PD	GASBARRO, TAMRA	991 KIRKLEY CT	FORT WALTON BEACH FL 32547
VPDT	MARSHALL, RENEE	2271 HARLAN AVENUE	FORT WALTON BEACH FL 32547
SD	GORCZYNSKI, PATTI	2288 HARLAN AVENUE	FORT WALTON BEACH FL 32547

10. 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:

Renee Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03

Date

850-247-5211

Daytime Phone #

B

20fz

October 14, 2003

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Harlan Square Owner's Association, Inc.
EIN: 59-3636438

To Whom It May Concern:

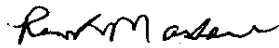
Please find the enclosed Corporation Reinstatement form for the above referenced entity. I have taken over the accounting for our homeowner's association. We have had a lot of turnover to date.

The person responsible for last year's financial activity received a notice in Dec 02 stating the 2002 UBR had not been filed. She completed the reinstatement form & sent the check for 2002, along with a check for the upcoming 2003 UBR.

According to your records we currently have an unapplied payment on our account of \$61.25, which was intended to pay with the 2003 UBR. At this time, I would like to request the reinstatement fee be waived and the existing credit on our account be applied to the 2003 filing fee.

Thank you for your consideration.

Sincerely,



Renee L. Marshall

Encl: as stated