

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 MAY 13 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 99000007114

1. Corporation Name  
HARDEN BOULEVARD PROPERTY  
OWNERS ASSOCIATION, INC

400129193674  
05/13/08--01010--002 \*\*498.75

REINSTATEMENT 01-08

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

2150 HARDEN BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

2150 HARDEN BLVD

Suite, Apt. #, etc.

City & State

LAKELAND FL

City & State

LAKELAND FL

Zip

33803

Country

USA

Zip

33803

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/1999

5. FEI Number

59-3623359

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

LAWRENCE B MUSSER

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

2150 HARDEN BLVD

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33803

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

*Lawrence B Musser*  
REGISTERED AGENT MUST SIGN

Date 5/6/08

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
D	LAWRENCE B MUSSER	2150 HARDEN BLVD	LAKELAND FL 33803
D	HARLEY M RICHARDS	2150 HARDEN BLVD	LAKELAND FL 33803
D	BRUCE A FOSTER	2150 HARDEN BLVD	LAKELAND FL 33803
D	BEIAN T CROSBY	2154 HARDEN BLVD	LAKELAND FL 33803
D	J. EDWARD CARROLL	2156 HARDEN BLVD	LAKELAND FL 33803

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 contained in Chapter 119, 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:

*Lawrence B Musser*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/08  
Date

863-  
665-8875  
Daytime Phone #