

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 SEP 14 AM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000035982

**1. Corporation Name**

Harbor Renovations, INC.

**2. Principal Office Address**

19347 King palm ct  
Suite, Apt. #, etc.

**City & State**

Boca Raton FL

**Zip**

33498

**Country**

**3. Mailing Office Address**

19347 King palm ct  
Suite, Apt. #, etc.

**City & State**

Boca Raton FL

**Zip**

33498

**Country**

**REINSTATEMENT** 02-06  
CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/10/2001

**5. FEI Number**

593741479

**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**

Hou Zaretsky, Esq.

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

555 NE 15th St., Ste 100

**Suite, Apt. #, Etc.**

**City**

Miami

**State**

FL

**Zip Code**

33132

**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

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
president	Yosef AZOULAI	19347 King palm ct	Boca Raton FL 33498
Vice president	IRIT AZULAY	19347 King palm ct	Boca Raton FL 33498

**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:**

Yosef

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/13/06

Date

618-7768076

Daytime Phone #