

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000100283

1. Entity Name  
HARBOR EDGE OF MELBOURNE, INC.



Principal Place of Business  
3955 ST ARMENS CIR  
MELBOURNE, FL 32934

Mailing Address  
3955 ST ARMENS CIR  
MELBOURNE, FL 32934

2. Principal Place of Business

217 THIRD AVENUE

Suite, Apt. #, etc.

3. Mailing Address

217 THIRD AVENUE

Suite, Apt. #, etc.

City & State

INDIANALANTIC FL

Zip  
32903

Country

USA

City & State

INDIANALANTIC, FL

Zip  
32903

Country

USA

10192005

REIN-P

CR2E098 (6/04)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOSLEY, CURTIS R.  
1221 E NEW HAVEN AVE  
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date of appointment.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/28/05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LU LIN, SUE LEE  
3955 ST ARMENS CIR  
MELBOURNE, FL 32934

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
REINSTATEMENT 05

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T. Roberts NOV 01 2005

☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sue Lin

Date

Daytime Phone #