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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 28 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000106833

1. Corporation Name

Harvard Development Company, Inc.

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

c/o Michael Collard Properties

3. Mailing Office Address

c/o Michael Collard Properties

Suite, Apt. #, etc.

1071 W. Morse Blvd., Suite 200

Suite, Apt. #, etc.

1071 W. Morse Blvd., Suite 200

City & State

Winter Park, Florida

City & State

Winter Park, Florida

Zip

32789

Country

USA

Zip

32789

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8-1-2005

5. FEI Number

20-3414812

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

Swann & Hadley, P.A.

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

1031 W. Morse Blvd.

Suite, Apt. #, Etc.

Suite 350

City

Winter Park, Florida

State

FL

Zip Code

32789

☐ 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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date November 27, 2007

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
PTD	Bruce Douglas	136 N. Summit St, Ste. 114	Toledo, OH 43615

200112648742

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Douglas

11/27/07

Date

419-241-3300

Daytime Phone #



CORPORATION SERVICE COMPANY

202

ACCOUNT NO. : 072100000032

REFERENCE : 334392 149697A

AUTHORIZATION

COST LIMIT : \$ 900.00

ORDER DATE : November 28, 2007

ORDER TIME : 10:19 AM

ORDER NO. : 334392-005

CUSTOMER NO: 149697A

DOMESTIC FILINGS

NAME: HARVARD DEVELOPMENT COMPANY,  
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF CORPORATIONS  
2007 NOV 28 AM 10:41  
TO AGENCY OF FILING  
SUFFICIENCY OF FILING