

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 1:39

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000125049

1. Corporation Name

HARTNER, INC

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

24 Country Lake Circle

Suite, Apt. #, etc.

City & State

Boynton Beach Florida

Zip

33436

Country

Palm Beach

3. Mailing Office Address

24 Country Lake Circle

Suite, Apt. #, etc.

City & State

Boynton Beach Florida

Zip

33436

Country

Palm Beach

700128364367
06/05/08--01028--008 **150.00

700128364367
05/05/08--01018--006 **300.00

REINSTATEMENT

06-08

4. Date Incorporated or Qualified
To Do Business in Florida 09/12/2005

5. FEI Number

20-3492962

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

Eric Bender

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

24 Country Lake Circle

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33436

☒ 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

Date 4/29/08

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
	Eric Bender - President	24 Country Lake Circle	Boynton Beach, FL 33436

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:

ERIC BENDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

Date

561-703-1935

Daytime Phone #