

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000021628

1. Corporation Name

HARBOR RELOCATION SERVICES, INC.

Principal Place of Business

1710 NE 26TH AVENUE  
FT. LAUDERDALE FL 33305  
US

Mailing Address

1710 NE 26 AVENUE  
FT. LAUDERDALE FL 33305  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1919 NW 19th St.

Suite, Apt. #, etc.

Bldg 1C

City & State

Ft. Lauderdale

Zip

33311

Country

Broward

3. New Mailing Office Address, If Applicable

1919 NW 19th St

Suite, Apt. #, etc.

Bldg 1C

City & State

Ft. Lauderdale

Zip

33311

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

03/18/1993

5. FEI Number

65-0400543

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	KOFLER, HARRY	1710 NE 26TH AVENUE	FT. LAUDERDALE FL
VP	HALL, BARRY	3551 N.W. 91ST AVENUE	SUNRISE FL

8. Name and Address of Current Registered Agent

KOFLER, HARRY N.  
1710 NE 26TH AVENUE  
FT LAUDERDALE FL 33305

9. Name and Address of New Registered Agent

Name

Harry Kofler

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

5970 NE 18th Ave

Suite, Apt. #, Etc.

705

City

Ft. Lauderdale

State

FL

Zip Code

33334

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/10/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. 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 under section 119.07(3)(i), 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]* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/97  
Date

9544639080  
Daytime Phone #

FILED

97 DEC 15 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

