

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000021628**

1. Corporation Name

HARBOR RELOCATION SERVICES, INC.

Principal Place of Business

1919 NW 19TH ST
BLDG 1C
FT. LAUDERDALE FL 33311
US

Mailing Address

1919 NW 19TH ST
BLDG 1C
FT. LAUDERDALE FL 33311
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
VP	HALL, BARRY	3551 N.W. 91ST AVENUE	SUNRISE FL

9000003054263-1
-11/24/99--01063--022
***750.00 ***750.00

REINSTATEMENT 99 11 TS

8. Name and Address of Current Registered Agent

KOFLER, HARRY
5970 NE 18TH AVE
#705
FT LAUDERDALE FL 33334

9. Name and Address of New Registered Agent

Name **KoFler, Harry**
Street Address (P.O. Box Number is Not Acceptable)
251 NE 38th St Apt. A-210
Suite, Apt. #, Etc. **A-210**
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 **10/12/99**

11. 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] **Harry KoFler**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/99 9544639080
Date Daytime Phone #