

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 # P94000041914

1. Corporation Name

Historic Harder Hall, Inc.

Principal Place of Business

3300 Golfview Drive
Sebring, FL 33872

Mailing Address

3300 Golfview Drive
Sebring, FL 33872

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

2. New Principal Office Address, If Applicable
707 SE 3rd Avenue

3. New Mailing Office Address, If Applicable
707 S.E. Third Avenue

4. Date Incorporated or Qualified
To Do Business in Florida

6/3/94

Suite, Apt. #, etc.
Suite 600

Suite, Apt. #, etc.
Suite 600

5. FEI Number

65-0496041

Applied For

Not Applicable

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33316

Country
USA

Zip
33316

Country
USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DS	Line Limor	6665 Skyline Drive	Delray Beach, FL
P	Eugene A. Conti	111 North O Street	Lake Worth, FL

REINSTATEMENT

12/10/97

8. Name and Address of Current Registered Agent

Stewart A. Merkin
444 Brickell Ave. #300
Miami, FL 33131

9. Name and Address of New Registered Agent

Name
Fredric C. Buresh, Esquire
Street Address (P.O. Box Number is Not Acceptable)
707 S.E. Third Avenue
Suite, Apt. #, Etc.
Suite 600
City
Ft. Lauderdale
State
FL
Zip Code
33316

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

REGISTERED AGENT MUST SIGN

Date 12/10/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Eugene A. Conti

Date 12/10/97
Daytime Phone #

(661) 547-4766