

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000041914**

1. Corporation Name

Historic Harder Hall, Inc.

2. Principal Office Address

2386 Bay Village Court

Suite, Apt. #, etc.

3. Mailing Office Address

2386 Bay Village Court

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

Zip

33410

Country

USA

7. Name and Address of Current Registered Agent

Name **John K. McClure**

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

230 South Commerce Ave.

800025788418

12/29/03-01010-015 ***750.00

Suite, Apt. #, Etc.

City **Sebring**

State **FL**

Zip Code **33870**

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

John K. McClure

REGISTERED AGENT MUST SIGN

Date **12/11/03**

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
PDST	Limor, Line	2386 Bay Village Court	Palm Beach Gardens, FL 33410

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 under section 119.07(3)(l), 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:

Line Limor / LINE LIMOR Pres. 12/12/03 561 775-9858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #