

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

3. Mailing Office Address

2386 Bay Village Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

Zip

33410

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1994

5. FEI Number

650496041

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

John K. McClure

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

230 South Commerce Ave.

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 |
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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)(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:

Line Limor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINE LIMOR Pres. 12/12/03

Date

Daytime Phone #

561 775-9858

FILED

03 DEC 15 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03

CR2E081 (10/02)