

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 # **P94000066036**  
1. Corporation Name **Charles W. Harrington, Jr**  
**Real Estate, Corporation,**  
**INC.**

Principal Place of Business Mailing Address  
**8279 E Club Road**  
**Boca Raton, FL 33433**

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  
**9150 Saddlecreek Dr**  
Suite, Apt. #, etc.  
City & State  
Zip Country  
**Boca Raton, FL**  
**33496 Palm Beach**

4. Date Incorporated or Qualified To Do Business in Florida **09/02/94**

5. FEI Number **65-0529429**  
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Harrington, Charles W. Jr	8279 E Club Rd	Boca Raton, FL 33433

REINSTATEMENT

96-98

56-18-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **Charles W. Harrington, Jr**  
Street Address (P.O. Box Number is Not Acceptable) **9150 Saddlecreek Drive**  
Suite, Apt. #, Etc.  
City **Boca Raton** State **FL** Zip Code **33496**

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 **CW Harrington Jr**  
REGISTERED AGENT MUST SIGN

Date

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: **Charles W. Harrington Jr**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/98  
Date

561-479-4110  
Daytime Phone #

CR2040 (1/98)