

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 17 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name **P96000059281**

Harbor View Properties, Inc

2. Principal Office Address

1914 Dekle Ave

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33606

Country

3. Mailing Office Address

1914

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 12, 1996

5. FEI Number

59-3395244

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

Nathania Krause

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

3005 Harborview Ave

Suite, Apt. #, Etc.

100020929211

05/17/03--01054--002 **1051 .00

City

Tampa

State

FL

Zip Code

33611

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **6-16-03**

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 |
|--------|--------------------------------------|---|--------------------|
| P | Tim Callahan | 1914 Dekle Ave | Tampa, FL 33606 |
| D | Tim Callahan | 1914 Dekle Ave | Tampa, FL 33606 |
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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:

Tim Callahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 16, 2003

Date

813-340-7747
Daytime Phone #

CR2E081 (10/02)

2/6/17