PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000072001

1. Corporation Name

**SIGNATURE:** 

Harbor Town Holding Group IV, Inc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald W. Hayes, Jr., President

Principal Place of Business

Mailing Address

(same)

324 Datura Street, Suite 303 West Palm Beach, FL 33401

If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable					4 Data Incorn	orated o	· Ouglified			—
2. New Principal Office Address, if Applicable 3. New Maining Office 120 S. Oliver St.			diess, it Applica	4. Date Incorporated or Qualified To Do Business in Florida 8-18-97						
Suite, Apt. #, etc.										
Suite 705				5. FEI Number Applied For						
City & State City & State					65-0796446 Not Applicable					
West Palm Beach, FL Zip Zip		Country			6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status					
	Palm Beach									
7. Names and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofi	t corporations m	ust list at lea	st 3 directors)	`		-		
Name of Officers Title(s) and/or Directors		Street Address of Eacl Officer and/or Directo 3 (Do NOT Use Post Office Box I			h r City / State / Zip					
D & P Ronald W. Hayes,	Jr.	<u> </u>			t, Ste	303	West 		Beach,	FL
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	REH	VST/	ATEM!		98-0	D	TS			
<b>v</b>										
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent						
*				Name						
Ponald W Hayor Tr					pert_C_Hackney_ss (P.O. Box Number is Not Acceptable)					
Ronald W. Hayes, Jr. 324 Datura Street, Suite 303				i i						
West Palm Beach, FL 33401			Suite	4400 Ant # Fig	PGA Blvd.,					
west raim beach, in 33401			June	•						
		Suite 505 State Zip Code								
				Palm-	Beach C	arde	ens.	FL	33410	
10. I, being appointed the registered agent of the abo	we named corpo	oration, am fa	amiliar with and	accept the o	bligations of Sect	ion 607.0	J505, F.S.			ļ
Signature of	elen					Date	• _2 <u>_15</u> _	00		
Registered Agent R	GISTERED	NT MUST	SIGN			Dali	4 <u>=</u> 1.J=			
	— <i>—</i>			•						$\neg$
11. This corporation owes the	current y	ear '	. 00	<b>\/</b>		⊋r		ther side for on intangible	information tax.)	
Intangible Personal Proper	rty lax du	je June	30.	Yes	□ No [2	<b>A</b>				
12. I certify that I am an officer or director or the receithis reinstatement application, the reason for dissowed by the corporation have been paid and the on this application is true and accurate, and my significant in the corporation is true.	olution has been names of individ	ı eliminated. Juals listed o	the corporate na in this form do n	ame satisties ot qualify for	the requirements an exemption or	s or secu	on 607.0401 of	617.0401.	r.s., mai an iei	35