APPROVED AND FILED

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06 FEB 23 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 | 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096052

1. Corporation Name

Harborview Investments, Inc.

REINSTATEMENT 04-06

2. Principal Office Address	3. Mailing Office Address
909 Apollo Beach Blvd	11301 N. 53rd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Attn: Office
City & State Apollo Beach, Fl	City & State Tampa, FL
Zip 33572 Country	Zip 33617 Country

4. Date Incorporated or Qualified To Do Business in Florida November 10, 1997

5. FEI Number 593482054 ☐ 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
Sam I. Reiber

Street Address (P.O. Box Number is Not Acceptable)
3825 Henderson Boulevard

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33629

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 _____ Date 02-23-06

REGISTERED AGENT MUST SIGN

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	Daniel Gessner	11301 N. 53rd Street	Tampa, Florida 33617

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 contained in Chapter 119, 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: _____ 2-23-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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K. Eckel FEB 24 2006

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Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

HARBORVIEW INVESTMENTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00

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