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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.			
2. Principal Office Address 909 Apollo Beach Blvd		3. Mailing Office Address 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

REINSTATEMENT 04-06

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 ☒ \$4.75 Additional Fee required for a Certificate of Status	

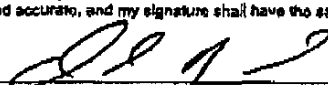
7. Name and Address of Current Registered Agent	
Name Sam I. Reiber	
Street Address (P.O. Box Number is Not Acceptable) 3825 Henderson Boulevard	
Suite, Apt. #, Etc.	
City Tampa	State FL
Zip Code 33629	

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  **REGISTERED AGENT MUST SIGN** Date **02-23-06**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofits corporations must list at least 3 directors)			
Title	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

Florida Department of State
Division of Corporations
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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
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