## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT 96 DEC -9 AM 8: 21 DIVISION OF CORPORATIONS DOCUMENT #G96332 SECRETARY OF STATE TALLAHASSEE, FLORIDA THE NEAL W. HARRIS COMPANY Principal Place of Business Mailing Address 1270 Orange Avenue #A 1270 Orange Avenue #A REINSTATEMENT OU Winter Park, FL 32789 Winter Park, FL 32789 DO NOT WRITE IN THIS SPACE Date incorporated or Qualified To Do Business in Florida 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 Malling Address, Il Applicable P.O. Box 921 11332 Lake Butler Blvd 04/16/84 Suite, Apt. #, etc. 5. FEI Number Applied For City & Stole Windermere, FL City & State Windermere, FL 59-2463678 Not Applicable 34786 34786 Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip 11332 Lake Butler Blvd. Windermere, FL 34786 P/T/D | Neal W. Harris Elizabeth W. Harris 11332 Lake Butler Blvd. Windermere, FL 34786 Neal W. Harris, Jr. 11332 Lake Butler Blvd. Windermere, FL 34786 00002026167--6 -12/11/96--01066--012

	****375.00 ****375.00
	JB 12-10-96
8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Clifford V. Shepard 20 North Orange Avenue Suite 1107 Orlando, FL 32801	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #. Etc.
	City State Zip Code
, being appointed the registered agent of the above named comparation, am f	amiliar with and accept the obligations of Section 607.0505, F.S.

REGISTERED AGENT MUST SIGN

11 • Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X

(See other side for information on intangible tax.)

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 dissociution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617,0401, F.S., and that all leas owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath.

Suite, Apt. #, etc.

Zip

Title(s)

S/D

VP

10.

Neal W. I

Neal W. Harris, President - 1/24

**X**(407) <del>628-202</del>