PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV 14 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J75341

1. Corporation Name

Harrison Photography Adventures, Inc.

2. Principal Office Address	**3.** Mailing Office Address
3003 Lancaster Dr. #3	3003 Lancaster Dr. #3
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Naples FL	Naples FL
Zip 34105 Country USA	Zip 34105 Country USA

REINSTATEMENT 05-00

4. Date Incorporated or Qualified To Do Business in Florida 6/7/87

5. FEI Number 59-2780-427 21 ☐ 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: Guy Harrison

Street Address (P.O. Box Number is Not Acceptable): 3003 Lancaster Dr. #3

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***1508.75 ***1508.75

Suite, Apt. #, Etc.:

City: Naples State: FL Zip Code: 34105

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 11/07/00

CR2E081 (9/99)

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
Pres Sec.	Guy Harrison	3003 Lancaster Dr. #3 ~~Naples FL 34105~~	Naples FL 34105
VP Treas.	Maria D. Sellek-Harrison	3003 Lancaster Dr. #3	Naples FL 34105
			LS

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: _____ Guy Harrison Pres. 11/07/00 305-606-0172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #