

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000043538

1. Corporation Name

CHARLES H. HARVEY, JR., INC.

Principal Place of Business

5870 23RD ST.
VERO BEACH FL 32966

Mailing Address

5870 23RD ST.
VERO BEACH FL 32966



400009201124
11/25/02--01052--008 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
6355 65th Street

Suite, Apt. #, etc.

City & State
Vero Beach FL

Zip 32967 Country USA

3. New Mailing Office Address, If Applicable
6355 65th Street

Suite, Apt. #, etc.

City & State
Vero Beach FL

Zip 32967 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2001

5. FEI Number

59-3729633

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	HARVEY, CHARLES H JR	5870 23RD ST.	VERO BEACH FL 32966

8. Name and Address of Current Registered Agent

HARVEY, CHARLES H JR
5870 23RD ST.
VERO BEACH FL 32966

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/07/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles H Harvey, Jr. 11/07/02

**CHARLES H. HARVEY JR.,INC
5870 23RD STREET
VERO BEACH FL.32966**

October 29, 2002

Dear Sir/Madam

This letter is in reference to the application that I received for Reinstatement. The prior Uniform Business Reports (UBR) you sent were not received. Please accept this application along with the fee of \$150.00 for Reinstatement.

If you have any questions or need additional information to complete this application, please give me a call at the above phone number.

Sincerely,

A handwritten signature in black ink, appearing to be 'Chh' with a long, sweeping horizontal line extending to the right.

Charles H. Harvey Jr.