

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 10 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000006092

1. Corporation Name

Anderson & Harris Enterprises, Inc

2. Principal Office Address

1757 Rachel's Ridge Loop
Suite, Apt. #, etc.

3. Mailing Office Address

1757 Rachel's Ridge Loop
Suite, Apt. #, etc.

City & State

Ocoee, FL

Zip Country

34761 Orange

City & State

Ocoee, FL

Zip Country

34761 Orange

REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3691248

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

Anthony Anderson

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

1757 Rachel's Ridge Loop

Suite, Apt. #, Etc.

City

Ocoee

State

FL

Zip Code

34761

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/7/03

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
<u>Pres</u>	<u>Anthony Anderson</u>	<u>1757 Rachel's Ridge Loop</u>	<u>Ocoee, FL 34761</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

Date

407-299-9568

Daytime Phone #

gr 110

CR2E081 (10/02)