## 2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N16000010576

Entity Name: HARVEST FOR THE CURE, INC.

**Current Principal Place of Business:** 

12145 NW 27TH AVE MIAMI, FL 33167

**Current Mailing Address:** 

12145 NW 27TH AVE MIAMI, FL 33167

FEI Number: 81-4307919 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRANT-BARNES, YVETTE U YVETTE GRANT-BARNES 1741 NW 68 TERRACE MIAMI, FL 33147 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: YVETTE GRANT-BARNES 11/05/2017

Electronic Signature of Registered Agent

Officer/Director Detail:

Title CEO Title EXDI

NameGRANT-BARNES, YVETTE UNameSWEET, BARBARAAddress1741 NW 68 TERRAddress3468 FOX CROFT RDCity-State-Zip:MIAMI FL 33147City-State-Zip:MIRAMAR FL 33025

Title DIR Title TRE

Name THOMPSON, GREGORY D Name THOMPSON, DASHONYA

 Address
 13851 SW 31 ST
 Address
 13851SW 31 ST

 City-State-Zip:
 MIRAMAR FL 33027
 City-State-Zip:
 MIRAMAR FL 33027

Title SEC

Name CROMARTIE, SABRINA Address 631 SW 111 LANE

City-State-Zip: PEMBROKE PINES FL 33025

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: YVETTE GRANT-BARNES

REGISTERED AGENT

11/05/2017

FILED Nov 05, 2017

**Secretary of State** 

CR2229497061

Date

Electronic Signature of Signing Officer/Director Detail

Date