

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 31 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 320512

1. Corporation Name

THE HARRIS COMPANY, INC.

REINSTATEMENT 04-06

2. Principal Office Address
801 N. VENETIAN DR.

3. Mailing Office Address
1601 N. PALM AVE.

Suite, Apt. #, etc.
PHE

Suite, Apt. #, etc.
310C

City & State
MIAMI

City & State
PEMBROKE PINES, FL

Zip
33139

Country
MIAMI- DADE

Zip
33026

Country
BROWARD

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 8/31/1967

5. FFL Number
59-1209411

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
DONALD L. EISENBERG

Street Address (P.O. Box Number is Not Acceptable)
1601 N. PALM AVE.

Suite, Apt. #, Etc.
310C

City
PEMBROKE PINES

State
FL

Zip Code
33026

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 1/16/06

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
PTS	HARRIS, THERESE	801 N. VENETIAN Dr., PH E	MIAMI, FL 33139-1007

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THE HARRIS COMPANY, INC.
CORPORATION REINSTATEMENT

DOCUMENT NO. 320512

THE CORPORATION REQUESTS A WAIVER OF THE REINSTATEMENT FEE
FOR THE YEARS 2004 AND 2005 BECAUSE THE STATE WHEN CHANGING
THE MAILING ADDRESS, AS SHOWN ON PRIOR RETURNS, ENTERED
INCORRECT DATA.

ADDRESS AS REPORTED TO THE STATE ON PRIOR RETURN:

1601 N. PALM AVE. 310C
PEMBROKE PINES, FL 33026

ADDRESS AS SHOWN BY STATE:

1601 N. PARKWAY AVE
SUITE 310-C
PEMBROKE PINES, FL 33026
CHANGES 05/08/2002

I AM INCLUDING A COPY OF A FILED PRIOR RETURN AND A COPY
OBTAINED FROM SUNBIZ.ORG.

YOUR PROMPT ATTENTION WILL BE APPRECIATED.