

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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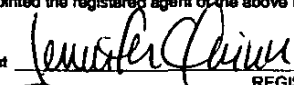
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/05/05--01036--009 **1050.00

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 338094			
1. Corporation Name HARRISON WESTERN CORPORATION WOS			
2. Principal Office Address 208 N 3RD ST Suite, Apt. #, etc.		3. Mailing Office Address PO BOX 431 Suite, Apt. #, etc.	
City & State STERLING, CO		City & State STERLING, CO	
Zip 80751	Country USA	Zip 80751	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1968	
5. FEI Number 84-0593451	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD	
Suite, Apt. #, Etc.	
City PLANTATION	State FL
Zip Code 33324	

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 	Jennifer Quinn Assistant Secretary REGISTERED AGENT MUST SIGN
Date 3/27/05	

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
P	WILLIAMS, ROBERT I.	7579 ROAD 4	SIDNEY, NE 69162

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 	3/8/05 970-522-6877 Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2001 (01/05)