

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 10 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 594901

1. Corporation Name

1770 LAS OLAS CORPORATION

1365 R, SR 206 East

1365 R, SR 206 East

2. Principal Office Address

1365 R, SR 206 East

Suite, Apt. #, etc.

3. Mailing Office Address

1365 R, SR 206 East

Suite, Apt. #, etc.

City & State

Saint Augustine, Florida

City & State

SAINT-AUGUSTINE, FLORIDA

Zip

32086

Country

Zip

32086

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
59-1870168

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

11/19/04 01043 019 455.75

7. Name and Address of Current Registered Agent

Name

JR Harris

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

1365 R, SR 206 E

Suite, Apt. #, Etc.

City

Saint Augustine,

State
FL

Zip Code
32086

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

JR Harris

REGISTERED AGENT MUST SIGN

Date 11/16/04

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
PD	J. Roger Harris	1365 R, SR 206 East	Saint Augustine, Florida, 32086
VPD	Jay R. Harris	1365 R, SR 206 East	Saint Augustine, Florida 32086
DST	Carol B. Harris	1365 R SR 206 East	Saint Augustine, Florida, 32086

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:

JR Harris J. Roger Harris 11/16/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904.794.6898

Daytime Phone #

CR2001 (01/04)