

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 697262

1. Corporation Name

HARRIS MGMT. CO.

Principal Place of Business

2323 RIVERSIDE DRIVE
DANVILLE VA 24540

Mailing Address

2323 RIVERSIDE DRIVE
DANVILLE VA 24540

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1981

5. FEI Number

54-1175000

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	HARRIS, DONALD F.	2323 RIVERSIDE DRIVE	DANVILLE VA 24540
V	HARRIS, PHILLIP	3432 NE CAUSEWAY 1102 6171 Riverside Dr #5B	JENSEN BCH FL Danville VA 24540
PS	Osborne, Stephen L	405 Linden PL	Danville VA 24540

8. Name and Address of Current Registered Agent

BOGNER, JAMES B.
225 E. ROBINSON STREET
SUITE 600
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number) 11/08/96--01021--013

Suite, Apt. #, Etc.

****400.00 ****375.00

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

James B. Bogner

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/14/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Stephen L. Osborne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-496 804-799-1574
Date Daytime Phone #

FILED

96 NOV -4 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96

10/14/96