

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000002031

1. Corporation Name

HARVEST EAST-WEST, INC.

Principal Place of Business

1460 GULF BOULEVARD #1201
CLEARWATER FL 33767

Mailing Address

14247 AMBERLEIGH TERRACE
SILVER SPRING MD 20905

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

2. New Principal Office Address, If Applicable

810 S. Lakeview Rd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

810 S. Lakeview Rd
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33609

Country

US

Zip

33609

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/2000

5. FEI Number

52-1406739

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PEI, PATRICIA	1460 GULF BOULEVARD #1201 810 S. Lakeview Rd.	CLEARWATER FL 33767 Tampa, FL 33609

400023985154

10/21/03--01130--023 **750.00

8. Name and Address of Current Registered Agent

PEI, PATRICIA
1460 GULF BOULEVARD #1201
CLEARWATER FL 33767

9. Name and Address of New Registered Agent

Name

PATRICIA PEI

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

810 S. Lakeview Rd.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

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. or 617.0505, F.S.

Signature of
Registered Agent

Patricia A. Pei

REGISTERED AGENT MUST SIGN

Date

10/18/03

11. 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:

Patricia A. Pei
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/03 813 998-9188
Daytime Phone #

CR2E040 (7/03)