

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL 26 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F00000003572

1. Corporation Name

Hartco Engineering, Inc.

2. Principal Office Address

2437 Ponce de Leon Blvd c/o Lauren Davis & Co

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.
425 Park Place Cr, S+

City & State

Avon Park, FL

City & State

Mishawaka, IN 46545

Zip

33825

Country

Zip

46545

Country

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

5. FEI Number

35-3373856

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

Cary J. Harwood

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

2437 Ponce de Leon Parkway

Suite, Apt. #, Etc.

City

Avon Park

State

FL

Zip Code

33825

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

07/25/02

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
CD	Carol Harwood	2437 Ponce De Leon Pkwy	Avon Park
PD	Cary Harwood	2437 Ponce De Leon Pkwy	Avon Park

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/25/02

Date

Daytime Phone #

CR2E081 (9/01)

7/25/02