

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000002660

1. Entity Name  
FISHER & HARRIS, INC.



FILED

06 OCT 18 AM 11:24

CLERK OF STATE  
TALLAHASSEE, FLORIDA



10122006 REIN-P CR2E098 (11/05) 86

4. FEI Number  
75-2849372

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Principal Place of Business

~~3608 ELK RIDGE LANE~~  
~~VALRICO, FL 33594~~

Mailing Address

~~3608 ELK RIDGE LANE~~  
~~VALRICO, FL 33594~~

2. Principal Place of Business

1503 KIRTLEY DR

Suite, Apt. #, etc.

3. Mailing Address

1503 KIRTLEY DR

Suite, Apt. #, etc.

City & State

BRANDON FL

City & State

BRANDON FL

Zip

33511

Country

Zip

33511

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEKAJIPO, LAWRENCE D CPA

~~9384 N 56TH ST, STE 3~~ 7402 N 56TH ST, STE 880  
TAMPA, FL 33617-4444

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CP  
FISHER, LENORA RN  
3608 ELK RIDGE LANE  
VALRICO, FL 33594 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPVC  
HARRIS, VERONIKA  
9076 WOODSHIRE DR  
DALLAS, TX 75243 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
300080958-433  
10/18/06--01039--001 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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CITY - ST - ZIP  
☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/06 813 984-1901