

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 24 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05749

1. Corporation Name

HAROLD D. WHITE, INC.

Principal Place of Business

Mailing Address

~~2815 SEQUOIA STREET~~
CORAL GABLES FL 33134 ~~33134~~
~~1390 S. Dixie Hwy~~

~~2815 SEQUOIA STREET~~
CORAL GABLES FL 33134 ~~33134~~
~~1390 S. Dixie Hwy~~

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

2. New Principal Office Address, If Applicable

1390 S. Dixie Hwy
Suite, Apt. #, etc.
1390

3. New Mailing Office Address, If Applicable

1390 S. Dixie Hwy
Suite, Apt. #, etc.
1390

City & State

Coral Gables FL

City & State

Coral Gables, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1980

5. FEI Number

59-2132573

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	WHITE, HAROLD D	1390 S. Dixie Hwy #1390 2815 SEQUOIA STREET	CORAL GABLES FL 33146

100003455491--4
-11/07/00--01090-013
****750.00 ****750.00

8. Name and Address of Current Registered Agent

WHITE, HAROLD D
2815 SEQUOIA STREET
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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

REGISTERED AGENT MUST SIGN

Date 10-18-00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-00 305740-579