

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F11428

Corporation Name

HARRISON ELECTRIC, INC.

Principal Place of Business

10540 SW 30 STREET  
MIAMI FL 33165

Mailing Address

10540 SW 30 STREET  
MIAMI FL 33165

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

12/19/1980

5. FEI Number

59-2049854

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
PDS	GREENE, HARRISON C	10540 SW 30TH ST.	MIAMI FL 33165
VPT	GREENE, MATTHEW H	10540 SW 30TH ST.	MIAMI FL 33165

600009466446  
12/11/02--01024--016 \*\*200.00

8. Name and Address of Current Registered Agent

PEREIRA, JOSEPH JR  
10300 SW 72ND ST. #4704  
MIAMI FL 33173

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

CR2E040 (8/02)

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

*Joseph Pereira*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12/5/02

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:

*HARRISON GREENE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRISON GREENE, PRES

Date

Daytime Phone #

12/5/02 305 226-5923