

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 28 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G24879

1. Corporation Name

EDWARDS-SLEEPER-HARRIS LAND COMPANY

2. Principal Office Address

3. Mailing Office Address

1038 - 40th AVE. N.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. PETERSBURG, FL

Zip
33703

Country
USA

Zip

Country

REINSTATEMENT 88-180

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

02/21/1983

5. FEI Number

59-2385365-7

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

JOHN C. DEW, ESQ.

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

150 SECOND AVE. NORTH

Suite, Apt. #, Etc.

SUITE 1500

City

ST. PETERSBURG,

State
FL

Zip Code

33701

600003249506-5

05/12/00-01009-019

***2195.00 ***2195.00

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

REGISTERED AGENT MUST SIGN

Date 4-26-90

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
DP	Norma Jean Harris	1038 - 40th Avenue N.	St. Petersburg, FL 33703

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

Norma Jean Harris, President

Date

Daytime Phone #

4-26-90

(727) 526-7184

CR2E061 (9/99)