

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUN 26 PM 1:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **H22282**

1. Corporation Name

Kathleen C. Harilee, Inc.

2. Principal Office Address

7109 15th Ave. NW

Suite, Apt. #, etc.

3. Mailing Office Address

7307 18th Ave. N.W

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip Country

34209

City & State

Bradenton, FL

Zip Country

34209

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/89

5. FEI Number

51-00-025425-93

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

Kathleen C. Harilee

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

7307 18th Ave. N.W.

Suite, Apt. #, Etc.

City

Bradenton

State
FL

Zip Code

34209

500003328355-2

-07/19/00-01097-005

******900.00 ****900.00**

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

Kathleen C. Harilee

REGISTERED AGENT MUST SIGN

Date

6/22/2000

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

D/P/Kathleen C. Harilee

7307 18th AVE NW

Bradenton, FL 34209

D/S Ashley E. Harilee

Hwy 64 EAST

Highlands, N.C. 28741

KE

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:

Kathleen C. Harilee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/22/2000

Daytime Phone #

941-792-7819

CR2E081 (9/99)