

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING AND FILING

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

1996 OCT 31 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J73742**

1. Corporation Name  
**HARRY'S, INC.**

Principal Place of Business <b>2 INDEPENDENT DR SUITE 122 JACKSONVILLE FL 32202 US</b>	Mailing Address <b>2 INDEPENDENT DR SUITE 122 JACKSONVILLE FL 32202 US</b>
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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 <b>05/15/1987</b>	
				5. FEI Number <b>59-2804245</b>	
				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
SD	SAIG, GREGORY S	2 INDEPENDENT DR SUITE 122	JACKSONVILLE FL
PD	SAIG, LOUIS M.	2 INDEPENDENT DR, SUITE 122	JACKSONVILLE FL

200001998752--6  
-11/07/96-01029-016  
\*\*\*375.00 \*\*\*375.00

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

**FRAZIER, W. ROBINSON  
1515 RIVERSIDE AVE  
SUITE A  
JACKSONVILLE FL 32204**

9. Name and Address of New Registered Agent

Name **LOUIS SAIG**  
Street Address (P.O. Box Number is Not Acceptable)  
**1018 N. THIRD ST.**  
Suite, Apt. #, Etc.  
City **JACKSONVILLE BEACH** State **FL** Zip Code **32250**

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10-28-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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: **LOUIS SAIG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-28-96** Daytime Phone # **904 5534927**