PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ~~REINSTATEMENT~~

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

Page 1 of 2

FILED
96 SEP 30 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M49943**

1. Corporation Name

HARRIS AIR CONDITIONING INC.

Principal Place of Business	Mailing Address
1011 SW 72ND AVENUE MIAMI FL 33144	1011 SW 72ND AVENUE MIAMI FL 33144

000001977300---1
-10/16/96--01074--014
****225.00 ****225.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **04/08/1987**

5. FEI Number: **59-2790757** ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HARRIS, DAVID J.	1011 SW 72ND AVE.	MIAMI FL
VD	GIBSON, REX	9385 HAITIAN DR.	MIAMI FL
STD	HARRIS, ANITA M.	1011 SW 72ND AVE.	MIAMI FL

filed as A/R
Reinstatement waived
MWB 10/15/96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ERSKINE, STANLEY B. 420 LINCOLN ROAD MIAMI BEACH FL	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/96)

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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: _____ David J. Haris _____ 9/25/96 _____ 305-261-8812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M49943 Page 2 of 2

Sept 25, 1996

TO: DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT
SECTION

FROM: HARRIS AIR CONDITIONING INC

WE AS HARRIS A/C INC.
NEVER DID RECEIVE OUR
CORPORATE FILING PAPERS FOR
THIS YEAR.

THANK YOU
David Harris

DAVID T. HARRIS
PRES.