

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 MAR 21 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO9000010468**

1. Corporation Name

PARKERHARR CHARITIES INC

2. Principal Office Address - No P.O. Box #

21892 SW 95 PL

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CUTLER BAY FL

City & State

Zip

33190

Country

USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/09

5. FEI Number

27-1235770

☐ 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

D'Ann Fanning

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

10700 CARIBBEAN Blvd 312E

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33189

600225415556
03/20/12--01021--002 **367.50

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

3/14/12

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
P	Parker, Rebecca	9050 Riggall Dr 10502 SW 8th Ave	Palmetto Bay, FL 33157
VP	Harr, Kim	21892 SW 95th PL	Cutler Bay, FL 33190

REINSTATEMENT

2010 - 2012

10. E-mail Address: **2Hearts@PHCHARITIES.ORG**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/12

Date

786-863-2994

Daytime Phone #