

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **N11680**

1. Corporation Name

**JOHN H. AND LUCILE HARRIS FOUNDATION, INC.**

Principal Place of Business

550 PORT O CALL WAY  
NAPLES FL 34102  
US

Mailing Address

550 PORT O CALL WAY  
SUITE 502  
NAPLES FL 34102  
US

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

10/21/1985

5. FEI Number

59-2600172

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	4 City / State / Zip
PSTD	HARRIS, JOHN H	550 PORT O CALL WAY	NAPLES FL 34102
VD	HARRIS, LUCILE H	550 PORT O CALL WAY	NAPLES FL 34102
D	HARRIS, JOHN H II	901 46 ST	MOLINE IL 61265

900008948339  
11/13/02--01015--026 \*\*245.00

8. Name and Address of Current Registered Agent

HARRIS, JOHN H  
550 PORT O CALL WAY  
NAPLES FL 34102

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*John H. Harris*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11-11-02

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., 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:

*John H. Harris*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. HARRIS

Date

11-11-02

Daytime Phone #

239-774-0479

CR2E040 (8/02)