

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUN 19 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P00000007417

1. Corporation Name

JOSEPH M. McHARRIS INC.

2. Principal Office Address

9001 HIGHLAND WOODS BLVD

3. Mailing Office Address

9001 HIGHLAND WOODS BLVD

Suite, Apt. #, etc.

STE 4

Suite, Apt. #, etc.

STE 4

City & State

BONITA SPRINGS

City & State

BONITA SPRINGS

Zip

34135

Country

USA

Zip

34135

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

JAN 14 2000

5. FEI Number

59-3618768

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

JOSEPH M. McHARRIS

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

9001 HIGHLAND WOODS BLVD

Suite, Apt. #, Etc.

STE 4

City

BONITA SPRINGS

State

FL

Zip Code

34135

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

Date 5/29/03

REGISTERED AGENT MUST SIGN

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

| Titles   | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip                              |
|----------|--------------------------------------|---|---|
| Director | Joseph M. McHarris                   | 6200 1312 Grand Canal Drive<br>Naples FL 34110    | BONITA SPRINGS<br>06/02/03--01072--012 **150.00 |
|          |                                      |   |   |
|          |                                      |   |   |
|          |                                      |   |   |
|          |                                      |   |   |
|          |                                      |   |   |
|          |                                      |   |   |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH M. McHARRIS

Date

5/29/03

Daytime Phone #

916/17

CR2E081 (10/02)