


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <i>P00000045042</i>			
<b>1. Corporation Name</b> Harrison Total Site, Inc.			
<b>2. Principal Office Address</b> 2200 Winter Springs Blvd.		<b>3. Mailing Office Address</b> 2200 Winter Springs Blvd.	
Suite, Apt. #, etc. 106-201		Suite, Apt. #, etc. 106-201	
City & State Oviedo, Florida		City & State Oviedo, Florida	
Zip 32765	Country USA	Zip 32765	Country USA

FILED

03 APR 15 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

200016069282  
04/15/03--01048--014 \*\*900.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

*5/04/2000*

**5. FEI Number**  
59-3651626

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  
Harrison, William T

Street Address (P.O. Box Number is Not Acceptable)  
2200 Winter Springs Blvd.

Suite, Apt. #, Etc.  
106-201

City  
Oviedo

State  
FL

Zip Code  
32765

**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

*William T Harrison Pres.*

Date

*4/11/03*

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVST	Harrison, William T	2200 Winter Springs Blvd. 106-201	Oviedo, Florida 32765
D	Harrison, William T	2200 Winter Springs Blvd. 106-201	Oviedo, Florida 32765

**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:**

*William T. Harrison Pres 4/11/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)