

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 22 PM 2:41

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000067374

1. Corporation Name

The Harrington Hill Corporation

2. Principal Office Address

1309 N. university Drive

Suite, Apt. #, etc.

City & State

Coral Spring, FL

Zip

33071

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-05

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

07/14/2000

5. FEI Number

65-1024328

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

Samuel A. Persaud, Esq.

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

1320 South Dixie Highway

Suite, Apt. #, Etc.

Suite 715

City

Coral Gables

State

FL

Zip Code

33146

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

[Signature]

Date

3/17/05

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
P/S/T	John D. Churchill	1309 N. University Drive	Coral Springs, FL 33071
D	John D. Churchill	1309 N. University Drive	Coral Springs, FL 33071

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]

John
Churchill - President 3-18-05

954-815-5363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)