

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUN 25 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000074857

1. Corporation Name
HARVARD RESTORATION SERVICES, INC.

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

431-P GASTON FOSTER RD

Suite, Apt. #, etc.

3. Mailing Office Address

431-P GASTON FOSTER RD

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

ORLANDO

Zip

32807

Country

USA

Zip

32807

Country

USA

100182624681
06/25/10--01020--018 **1208.75

CR2E081 (6/10)

07-10

4. Date Incorporated or Qualified
To Do Business in Florida

August 2000

5. FEI Number

59-3662480

☐ 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

JOHN THRAILKILL

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

539 WEST HARVARD STREET

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32804

REINSTATEMENT

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 6-25-10

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
Secy, VP Pres.	JOHN THRAILKILL	539 WEST HARVARD ST	ORLANDO FL 32804

10. E-mail Address: service.masterjohn@live.com

(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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-10

Date

Daytime Phone #

407.629.1818