

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -4 AM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400176690334
06/04/10--01034--004 **150.00

REINSTATEMENT 07-10
CR2E081 (11/09)

DOCUMENT # P0000077658

1. Corporation Name

JOHN WAYNE HARRISON INSURANCE SVS 1, INC

W10-19514

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

3046 W BEARSS AV

Suite, Apt. #, etc.

3. Mailing Office Address

13119 66TH ST

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

LARGO, FL

Zip

33618

Country

Hillsborough

Zip

33733

Country

Pinellas

4. Date Incorporated or Qualified

To Do Business in Florida 8/10/2000

5. FEI Number

593668892

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 WAYNE HARRISON ~~INSURANCE SVS 1, INC~~

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

13119 66TH ST

Suite, Apt. #, Etc.

City

LARGO, FL

State

FL

Zip Code

33773

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 4/16/2010

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
PRES	JOHN WAYNE HARRISON	13119 66TH ST	LARGO, FL 33773

400176690334
04/21/10--01003--008 **1050.00

26/7

10. E-mail Address: JWPATTI@MSN.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:

JOHN WAYNE HARRISON

4/16/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #