

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 22 PM 2:02

DOCUMENT # P 00000086932

1. Corporation Name

Harris Mortgage of Central Fl. Inc.

2. Principal Office Address

6239 Edgewater Drive
Suite, Apt. #, etc.

Bldg. # V3, Ste # 6
City & State

Orlando Fl.

Zip
32810

Country
USA

3. Mailing Office Address

6239 Edgewater Dr.
Suite, Apt. #, etc.

Bldg. # V3, Ste # 6
City & State

Orlando, Florida

Zip
32810

Country
USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida

8/22/2000

5. FEI Number

59-3665502

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bonnilyn Tonge-Harris

100023577201

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

7004 Stone Chapel Court

10/06/03--01016--006 *** 18.75

Suite, Apt. #, Etc.

Bldg. # V3, Ste. # 6

City

Orlando

State

FL

Zip Code

32810

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 9/22/03

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
Owner	Bonnilyn Tonge-Harris	7004 Stone Chapel Ct.	Orlando, Fl. 32818

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

9/22/03

Day

Daytime Phone #

CR2001 (10/02)

9/22

9/22/03

Florida Department of State
Division of Corporations
Tallahassee, Florida

To Whom It May Concern:

This letter is to inform you that Harris Mortgage of Central Florida, Inc. has relocated to 6239 Edgewater Drive, Bld. #13, Ste #6. Said Corporation did not receive an Annual Corporate Report. Due to these circumstances we are asking that you waive the reinstatement fees.

Thank you in advance for your consideration to this matter.

Cardially Yours,
Dorilyn Inge-Harris
