

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000099436

Entity Name: HARTE PEAT AMERICA, INC.

FILED  
Nov 02, 2009  
Secretary of State

## Current Principal Place of Business:

2344 SW SAVAGE BLVD  
PORT ST. LUCIE, FL 34953 US

## New Principal Place of Business:

189 OSPREY RIDGE  
PORT ST. LUCIE, FL 34984 US

## Current Mailing Address:

2344 SW SAVAGE BLVD  
PORT ST. LUCIE, FL 34953 US

## New Mailing Address:

189 OSPREY RIDGE  
PORT ST. LUCIE, FL 34984 US

FEI Number: 65-1055461

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCQUIAD, JOHN  
2344 SW SAVAGE BLVD  
PORT SAINT LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

O'HARTE, THOMAS  
189 OSPREY RIDGE  
PORT SAINT LUCIE, FL 34984 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS O'HARTE

11/02/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: O'HARTE, THOMAS  
Address: 189 OSPREY RIDGE  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: D (X) Delete  
Name: MCQUAID, JOHN  
Address: 713 SE PORTAGE AVE  
City-St-Zip: PORT ST. LUCIE, FL 34984

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS O'HARTE

P

11/02/2009

Electronic Signature of Signing Officer or Director

Date