

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000012371

1. Corporation Name

DANA HARRIS INC.

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

5810 W. JOSEPHINE

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 8168

Suite, Apt. #, etc.

City & State

SEBRING, FL.

City & State

SEBRING, FL

Zip

33875

Country

HIGHLANDS

Zip

33872

Country

HIGHLANDS

**7. Name and Address of Current Registered Agent**

Name

DANA HARRIS

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

5810 W. JOSEPHINE RD

Suite, Apt. #, Etc.

City

SEBRING

State

FL

Zip Code

33875

**REINSTATEMENT** 06-08

4. Date Incorporated or Qualified  
To Do Business in Florida

9-2-01-2001

5. FEI Number

651071897

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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

Dana Harris

Date 8-9-08

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
<u>PRES.</u>	<u>DANA HARRIS</u>	<u>5810 W. JOSEPHINE RD</u>	<u>SEBRING, FL. 33875</u>

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 contained in Chapter 119, 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:

Dana Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-9-08

Date

863-253-9663

Daytime Phone #

9/2-08