

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000016157**

1. Corporation Name
TRI-HARMONY INC.

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

6170 W. OAKLAND PK. BLVD

Suite, Apt. #, etc.

City & State

SUNRISE, FL

Zip

33313

Country

USA

3. Mailing Office Address

SAME AS PRINCIPAL

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

CHARLES O'BRADEY

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

4961 NW 14 ST

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33313

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/2001

5. FEI Number

650657149

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

Charles O'Brady

Date

7/6/07

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
PRES	CHARLES O'BRADEY	4961 NW 14 ST.	LAUDERHILL, FL 33313

900105939539
07/11/07-01049-013 **1050.00

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:

Charles O'Brady CHARLES O'BRADEY

7/6/07

Date

Daytime Phone #

(54) 593-7243