

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 13 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000043397

1. Corporation Name

HARSE INVESTMENT INC.
202 SE 10 TERRACE
FT LAUDERDALE FL. 33301

2. Principal Office Address

202 SE 10 TERRACE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

Zip

33301

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2001

5. FEI Number

65-1099410

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

REINSTATEMENT 02-04
WOP

7. Name and Address of Current Registered Agent

Name

SERGE HARVEY

700039030967

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

07/13/04--01005--003 **450.00

202 SE 10 TERRACE

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33301

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

Serge Harvey

REGISTERED AGENT MUST SIGN

Date 07/08/2004

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
-PST-	SERGE HARVEY	202 SE 10 TERRACE	FT LAUDERDALE FL 33301

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:

Serge Harvey

SERGE HARVEY

07/08/2004 561/445/2852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

287

July 8, 2004

Florida dept. of State
Tallahassee Fl.

To Whom It May Concern:

Since I never received any renewal forms for my Corporation,

Since I was not aware of any amount due ,

Since I moved since my Corporation has been formed,

Since I did my Corporate Tax returns every years,

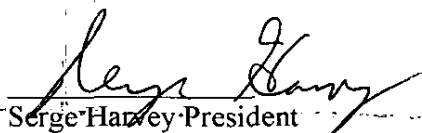
Since I operate the Corporation ignoring the fact that the Corporation was dissolved,

Since I want to keep the Corporation and keep it in good standard,

I am including my check of \$ 450.00 to reinstate it and pay for 2002,2003,and 2004.

I know that this is more expensive than doing a new Corporation ,consequently if you
can't accept this amount just return it to me.

Sincerely,


Serge Harvey President