

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # PD1000071631

1. Corporation Name

Harmon's Footer Service, Inc.

2. Principal Office Address

5397 N. Sacrum Loop Rd

Suite, Apt. #, etc.

3. Mailing Office Address

5397 N. Sacrum Loop Rd

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

Country

33809

City & State

Lakeland, Florida

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7-20-01

5. FEI Number

59-3733765

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Donnie L. Tyler

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

5397 N. Sacrum Loop Road

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33809

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

Donnie L. Tyler

REGISTERED AGENT MUST SIGN

Date 10-28-02

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

DY Donnie L. Tyler

5397 N. Sacrum Loop Rd

Lakeland, FL 33809

DST Janice Tyler

5397 N. Sacrum Loop Rd

Lakeland, FL 33809

DP Jerry Harmon

3142 Julia Ct

Lakeland, FL 33810

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

Date

10-28-02

Daytime Phone #