

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda F. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000061020

1. Corporation Name

SUSAN L. HARNER, INC.

Principal Place of Business

Mailing Address

1801 RIVER WOOD LN
CORAL SPRINGS FL 33071

1801 RIVER WOOD LN
CORAL SPRINGS FL 33071

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/2002

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HARNER, SUSAN L	1801 RIVER WOOD LN	CORAL SPRINGS FL 33071

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARNER, SUSAN L
1801 RIVER WOOD LN
CORAL SPRINGS FL 33071

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 10-27-03

Date

954-
255-2966
Daytime Phone #

CR2E040 (7/03)

Susan L. Harner, Inc.
1801 River Wood Lane
Coral Springs, FL 33071

October 20, 2003

Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: SUSAN L. HARNER, INC.

Dear Sir,

Enclosed, please find Application for Reinstatement for the above captioned. Please be advised that this is the first year of our incorporation. We have no record of receiving the (2) prior uniform business report notices. We would therefore, like the reinstatement fee waived and we will know in the future to look for this documentation.

Thanking you in advance for your assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Susan L. Harner".

Susan L. Harner, President