

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

08 MAR 28 PM 2:59

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000057603

1. Corporation Name

Harris Plumbing & Repair Inc

600120296526
03/13/08--01021--003 **300.00

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

18927 NW 56 Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

18927 NW 56 Ct

Suite, Apt. #, etc.

City & State

Miami, Fla

City & State

Miami, Fla

Zip

33055

Country

Dade

Zip

33055

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

4-25-04

5. FEI Number

05-02289105

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.

7. Name and Address of Current Registered Agent

Name

Alexis Harris

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

18927 NW 56 Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33055

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

Alexis Harris

REGISTERED AGENT MUST SIGN

Date

03/24/08

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
P	Alexis Harris	18927 NW 56 Ct	Miami, Fla. 33055
V	Alexander Harris	209 Washington Dr.	Coral Gables, Fl. 33133
T	Shirley Harris	209 Washington Dr.	Coral Gables, Fl. 33133
S	Alexander Harris Jr.	18927 NW 56 Ct	Miami, Fla. 33055

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:

Alexis Harris