PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 OCT 17 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05-06

CR2E081 (12/05)

DOCUMENT # P04000075234

1. Corporation Name

HARRIS ELECTRIC SERVICE, INC.

2. Principal Office Address	3. Mailing Office Address
4234 OLD HIGHWAY 37	4234 OLD HIGHWAY 37
Suite, Apt. #, etc.	Suite, Apt. #, etc.
LAKELAND	LAKELAND
Zip 33813 / County US	Zip 33813 / County US

4. Date Incorporated or Qualified To Do Business in Florida 05-10-2004

5. FEI Number 54-2151835 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for the Certificate of Status

7. Name and Address of Current Registered Agent

Name: REUBEN HARRIS

Street Address (P.O. Box Number is Not Acceptable): 4234 OLD HIGHWAY 37

Suite, Apt. #, Etc.

City: LAKELAND | State: FL | Zip Code: 33813

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: Reuben Harris — REGISTERED AGENT MUST SIGN — Date: 10/10/2006

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	REUBEN HARRIS	4234 OLD HIGHWAY 37	LAKELAND, FL 33813
S	ELAINE E. HARRIS	4234 OLD HIGHWAY 37	LAKELAND, FL 33813
	$10/23	10/18/06--01009--011 **300.00	

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: Reuben Harris — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10/11/06 — 863-712-2211 Daytime Phone #

HARRIS ELECTRIC SERVICES, INC.
4234 Old Highway 37 Lakeland, FL 33813

Telephone: (863) 648-2753
Fax: (863) 701-7450
Cell: (863) 712-2211

October 11, 2006

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: HARRIS ELECTRIC SERVICE, INC.
Ref. Number: PO4000075234

To: Michelle Milligan, Document Specialist Supervisor

Enclosed is my reinstatement Application. Please accept it with my apology. I did nor receive my filing documents to prevent my company from becoming inactive...
I still have not received it.

I appreciate your telephone cal of October 02, 2006, and letter Number 906A00058345.

I will take corrective action to ensure that I am aware of my filing date in the future.

Thanks for your help and concern, it is most appreciative.

Sincerely,

Reuben Harris
President