

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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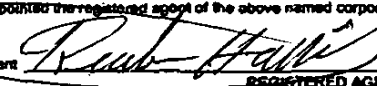
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05-06

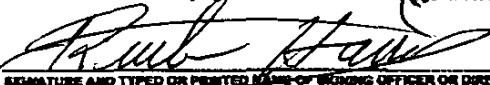
CR2E081 (12/05)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PO4000075234			
1. Corporation Name HARRIS ELECTRIC SERVICE, INC.			
2. Principal Office Address 4234 OLD HIGHWAY 37		3. Mailing Office Address 4234 OLD HIGHWAY 37	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKELAND		City & State LAKELAND	
Zip 33813	Country US	Zip 33813	Country US
4. Date incorporated or Qualified To Do Business in Florida 05-10-2004		5. EEI Number 54-2151835	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For ☐ Not Applicable	

7. Name and Address of Current Registered Agent	
MR. REUBEN HARRIS	
Street Address (P.O. Box Number is Not Acceptable) 4234 OLD HIGHWAY 37	
Suite, Apt. #, Etc.	
City LAKELAND	State / Zip Code FL 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 	Date 10/10/2006
REGISTERED AGENT MUST SIGN	

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. 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: 	Date: 10/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
863-712-2211	

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

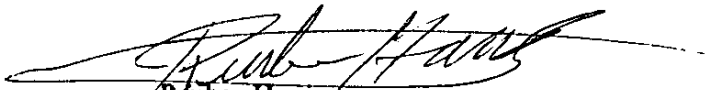
Enclosed is my reinstatement Application. Please accept it with my apology. I did not receive my filing documents to prevent my company from becoming inactive... I still have not received it.

I appreciate your telephone call 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