

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000133653

1. Entity Name
T. J. HARRIS ENTERPRISES, INC.



FILED

05 OCT 17 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3090 N PINE LAKE VILLAGE PT
LECANTO, FL 34461

Mailing Address
3090 N PINE LAKE VILLAGE PT
LECANTO, FL 34461

2. Principal Place of Business
3085 N. BARTON CREEK CIR
Suite, Apt. #, etc.

3. Mailing Address
3085 N. BARTON CREEK CIR
Suite, Apt. #, etc.

10122005 REIN-P CR2E098 (6/04)

City & State
LECANTO FL
Zip Country
34461-7818 CITRUS

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Zip Country
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4. FEI Number
86-1115054
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, TERESA J
3090 N PINE LAKE VILLAGE PT
LECANTO, FL 34461

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, TERESA	
STREET ADDRESS	3090 N PINE LAKE VILLAGE PT	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, BURTON H JR	
STREET ADDRESS	3090 N PINE LAKE VILLAGE PT	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address and/or other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.07.05