

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2008 MAR -7 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08

CR2E081 (12/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 805 000 107672

1. Corporation Name
HARRIS Investigations & Security Inc

2. Principal Office Address - No P.O. Box #
1205 Washington Ave

Suite, Apt. #, etc.

3. Mailing Office Address
same

Suite, Apt. #, etc.

City & State
Miami Beach

Zip
33139

Country
DADÉ

4. Date Incorporated or Qualified To Do Business in Florida
2006

5. FEI Number
74-3149830

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jeffery C. Harris

Street Address (P.O. Box Number is Not Acceptable)
300 South Point Dr E

Suite, Apt. #, Etc.
#3801

City
Miami Beach

State
FL

Zip Code
33139

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.

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
[Signature]

REGISTERED AGENT MUST SIGN

Date
2/18/08

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
<i>Pres.</i>	<i>Jeffery C. Harris</i>	<i>300 S. Point Dr. #3801 mi</i>	<i>Miami Bch, FL 33139</i>

600119368246
03/04/08--01020--018 **450.00

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: *[Signature]* *02/18/08* *8132202011*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/17/08