

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR -4 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

City & State

same

Zip

33139

Country

DADE

Zip

same

Country

same

REINSTATEMENT

CR2E081 (12/07)

06-08

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

*Jeffery C. Harris*

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jeffery C. Harris*

02/18/08

Date

Daytime Phone #

813 220 2011

3/30