

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000166835

1. Entity Name  
MICHAEL HARRIS FRAMING INC.



FILED

07 AUG 24 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
~~406 LEWIS ST~~ ~~406 LEWIS ST~~  
~~TALLAHASSEE, FL 32301~~ ~~TALLAHASSEE, FL 32301~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
5806 Bombadil Ct  
Suite, Apt. #, etc. ← Same

City & State City & State  
Tallahassee FL  
Zip Country Zip Country  
32303

08242007 REIN-P CR2E098 (1/07)

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, MICHAEL L  
406 LEWIS ST  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
5806 Bombadil Ct  
City Tallahassee FL Zip Code 32303

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 \$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	PD	<input type="checkbox"/> Delete
NAME	HARRIS, MICHAEL L	
STREET ADDRESS	406 LEWIS ST	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	Bakari Belds	<input type="checkbox"/> Delete
NAME	111 W. 16th Ave Apt G-118	
STREET ADDRESS	Havana FL	
CITY-ST-ZIP	32333	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5806 Bombadil Ct	
STREET ADDRESS	Tallahassee FL	
CITY-ST-ZIP	32303	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	300108879633	
STREET ADDRESS	08/31/07--01008--007	
CITY-ST-ZIP	**300.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	B. 8/24/07	
STREET ADDRESS	REINSTATEMENT 06-07	
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 exemptions contained in Chapter 119, 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, with all other like empowered.

SIGNATURE: x Michael L Harris 8/24/07 (850) 980-3920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #