

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION
FOR
REINSTATEMENT



98-091AR
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAY -3 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000013088**

1. Corporation Name

Harvest Carpentry, Inc.

Principal Place of Business

3130 Pembroke Rd.
#331-332
Hallandale, FL 33009

Mailing Address

3130 Pembroke Rd.
#331-332
Hallandale, FL 33009

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/92

5. FEI Number

65-0379815

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, & Zip
PTD	Blake, John J	3130 Pembroke Rd Box # 331-332	Hallandale, FL 33009
USD	Blake, Sandra	3130 Pembroke Rd Box # 331-332	Hallandale, FL 33009

300002874363--8

-05/13/99--01102--003

****300.00 ****300.00

7/6/99
98-09
5/3/99

8. Name and Address of Current Registered Agent

Blake, John J.
3130 Pembroke Rd
Box # 331-332
Hallandale, FL 33009

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.00(6), F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

4/29/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 607.04(1) or 617.04(1), 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 under section 119.07(6)(a), 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:

Sandra Blake Sandra Blake Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (954) 966-1914
Typed Name

CP2500-112 9/93

2

**HARVEST CARPENTRY, INC.
3130 PEMBROKE RD. BAY # 331-332
HALLANDALE, FL 33009
TELE: (954) 966-1914**

April 29, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find a reinstatement application for HARVEST CARPENTRY, INC. We would like to take this opportunity to explain for the year of 1998 Corp. Filing. From our Principal Place of Bus. Add. we moved our location to our current address. We filled the change address, and we received all of our mail, but we did not know that we didn't received the Annual Corporate Report until recently for the year of 1998.

We were not aware that the Annual Corp. Report could not be forwarded to a new mailing address.

Therefore we would like to ask for a waiver for the reinstatement fee for the year of 1998, since we did not received document.

Enclosed please find a check for the filling for 1998 and 1999.

Thank you for your attention to this matter.

If you need any further information, please contact us at (954) 966-1914

Sincerely,



Sandra Blake
Sec.