

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 NOV -7 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morlham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000026209 (5)  
1. Corporation Name  
HARWELL & ASSOCIATES, INC.

REINSTATEMENT (99)

Principal Place of Business  
4270 NW 8TH ST  
COCONUT CREEK FL 33066

Mailing Address  
4270 NW 8TH ST  
COCONUT CREEK FL 33066

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

26. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
HARWELL, JOHN L  
4270 NW 8TH ST  
COCONUT CREEK FL 33066

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE John L. Harwell  
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/09/1993  
3a. Date of Last Report 08/07/1996  
4. FEI Number 65-0401595  
5. Certificate of Status Desired ☐ Applied For Not Applicable  
6. Election Campaign Financing ☐ \$8.75 Additional Fee Required  
7. Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

FL

(NOTE: Registered agent signature required when reinstating)

DATE

000002345440-8  
-11/12/97-0118-011  
\*\*\*\*750.00 \*\*\*\*750.00

CR2E034 (4/97)

Adrian  
11/17/97

10/18/97 931-972-0495