

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 DEC 24 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

300139268129  
12/24/08--01028--005 \*\*\*1050.00

*dro8*  
*Wm*

CR2E081 (10/08)

DOCUMENT # **P 9400000 1964**

1. Corporation Name

**Harrisonburg inc**

2. Principal Office Address - No P.O. Box #

**4174 Inverrary Drive**

Suite, Apt. #, etc.

**710**

City & State

**Lauderhill**

Zip

**33319**

Country

**Browd.**

3. Mailing Office Address

**821 N.W. 6<sup>th</sup> Street**

Suite, Apt. #, etc.

City & State

**Fort Lauderdale**

Zip

**33311**

Country

**B.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1/10/94**

5. FEI Number

**650459419**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.

**7. Name and Address of Current Registered Agent**

Name

**Ghassan Fidy**

Street Address (P.O. Box Number is Not Acceptable)

**4174 Inverrary Drive**

Suite, Apt. #, Etc.

**710**

City

**Lauderhill**

State

**FL**

Zip Code

**33319**

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 **12-21-08**

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
PD	Ghassan Fidy	4174 Inverrary Drive #710	Lauderhill FL 33319

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-22-08**

Date

**914 761 98**

Daytime Phone #

**58**