

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN 21 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015649

1. Corporation Name

THE HARRICK GROUP PHASE TWO, INC

2. Principal Office Address

220 W. ARTESIA ST

Suite, Apt. #, etc.

City & State

001900, FL

Zip

32765

Country

U.S.A.

3. Mailing Office Address

220 W. ARTESIA ST

Suite, Apt. #, etc.

City & State

001900, FL

Zip

32765

Country

U.S.A.

REINSTATEMENT 98-02

4. Date Incorporated or Qualified
To Do Business in Florida

2/25/1994

5. FEI Number

59-3231245

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

JOHN W. HARRICK

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

220 W. ARTESIA ST

Suite, Apt. #, Etc.

City

001900

State

FL

Zip Code

32765

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

REGISTERED AGENT MUST SIGN

Date 5/20/02

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
P	JOHN W. HARRICK	220 W. ARTESIA ST	001900, FL 32765
SD	JAN L. HARRICK	220 W. ARTESIA ST	001900, FL 32765

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 under section 119.07(3)(i), 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

5/20/02

Date

407-977-5722

Daytime Phone #