APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039362

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name: 8224 HARDING CORP.

REINSTATEMENT 96-01

Principal Place of Business: 8224 HARDING AVE MIAMI BEACH, APT #7 MIAMI, FL. 33141

Mailing Address: 18930 SW 216 ST MIAMI, FL. 33170

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

2. New Principal Office Address, If Applicable
Street, 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: 5/20/94 SP

5. FEI Number: 650498748 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officer and/or Director 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	JAMES J. BUSUTTIL	170-17 HENLEY RD	JAMAICA. NY. 11432
V.P.	PAULINE S. BUSUTTIL	170-17 HENLEY RD.	JAMAICA, N.Y. 11432
TREASURER	JOHN P. BUSUTTIL	18930 SW 216 ST	MIAMI, FL 33170
ASST. SECRETARY	CAROLINE C. BUSUTTIL	300 E. 54 ST APT #25B	N.Y. N.Y. 10022

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8. Name and Address of Current Registered Agent

JOHN BUSUTTIL
18930 SW 216 ST
MIAMI FL 33170

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is 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 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: SEPT 28/99

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 607.0401 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] JOHN BUSUTTIL SEPT 28/99 305-245-9142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #