

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000066801

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1. Corporation Name

STEVEN P. HARMS CONTRACTORS, INC.

Principal Place of Business

Mailing Address

~~3914 LEONA ST.
TAMPA FL 33629~~

P O BOX 10336
TAMPA FL 33679-0336
US



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

5226 S. MACDILL AVENUE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip 33611

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/1994

5. FEI Number

59-3267187

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
(P)	HARMS, STEVEN P	3914 LEONA ST.	TAMPA FL 33629
V	DEER, CHERYL D.	6301 S. WEST SHORE, #1118	TAMPA, FL 33616

8000003473448--5
-11/21/00--01101--023
***750.00 ***750.00

11/17

8. Name and Address of Current Registered Agent

LIVINGSTON, CLIFTON A
501 HORATIO ST.
TAMPA FL 33606

9. 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

Clifton A. Livingston
REGISTERED AGENT MUST SIGN

Date 10/29/00

11. 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:

STEVEN P. HARMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/00
Date

8138397985
Daytime Phone #