

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 OCT -3 11:10:38

DOCUMENT # P95000011959

1. Corporation Name

The HARRIS Firm, Inc.

2. Principal Office Address

7280 WestPointe BLVD  
Suite, Apt. #, etc.  
816

3. Mailing Office Address

7280 WestPointe BLVD  
Suite, Apt. #, etc.  
816

City & State

ORLANDO FL

Zip Country  
32835 USA

City & State

ORLANDO FL

Zip Country  
32835 USA

REINSTATEMENT 97-20016

4. Date Incorporated or Qualified  
To Do Business in Florida

2/13/1995

5. FEI Number

36 4016341

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

LOIS A. HARRIS

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

7280 WESTPOINTE BLVD.

Suite, Apt. #, Etc.

# 816

City

ORLANDO,

000080386630

10/03/06--01018--030 \*\*1523.75

State

FL

Zip Code

32835

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

*Lois A. Harris*

REGISTERED AGENT MUST SIGN

Date 9/29/06

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
PRES.	LOIS A. HARRIS	7280 WESTPOINTE BLVD # 816	ORLANDO, FL 32835

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:

*Lois A. Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/06  
Date

407.578.4906  
Daytime Phone #