

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022983

1 Corporation Name

W.T. HARRISON CONSTRUCTION, INC.

Principal Place of Business

200 WINTER SPRINGS BLVD.
SUITE 106, BOX 201
OVIEDO FL 32765

Mailing Address

200 WINTER SPRINGS BLVD.
SUITE 106, BOX 201
OVIEDO FL 32765

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

2. New Principal Office Address, If Applicable

2200 Winter Springs Blvd

3. New Mailing Office Address, If Applicable

2200 Winter Springs Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

96 DEC 12 AM 9:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

MWB 12/13/96

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/1995

5. FEI Number

593305317

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| P. | HARRISON, WILLIAM | 2200 WINTER SPRINGS BLVD. | OVIEDO FL 32765 |
| | | | |
| | | | |
| | | | |
| | | | |
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900002030059--7
-12/17/96--01024--001
****375.00 ****375.00

8. Name and Address of Current Registered Agent

HARRISON, WILLIAM
200 WINTER SPRINGS BLVD.
SUITE 106, BOX 201
OVIEDO FL 32765

9. Name and Address of New Registered Agent

Name

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

2200 Winter Springs Blvd

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

William Harrison

Date

11-1-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

William Harrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William Harrison

Date

11-1-96

Daytime Phone #

407 366 8108