

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 10 PM 1:59

DOCUMENT # **PA5600064456**

1. Corporation Name

**HARRISON ST. DEVELOPMENT CORP**

000004316220--5  
-05/24/01 -01097--045  
\*\*\*1000.00 \*\*\*1000.00

2. Principal Office Address

**2003 HARRISON STREET**

Suite, Apt. #, etc.

City & State

**HOLLYWOOD, FLORIDA**

Zip

**33020**

Country

**USA**

3. Mailing Office Address

**2003 HARRISON STREET**

Suite, Apt. #, etc.

City & State

**HOLLYWOOD, FLORIDA**

Zip

**33020**

Country

**USA**

**REINSTATEMENT 96-01**

4. Date Incorporated or Qualified To Do Business in Florida

**08/18/95**

5. FEI Number

**65-0602730**

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

**ANDREW VAZ**

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

**2003 HARRISON STREET**

Suite, Apt. #, Etc.

City

**HOLLYWOOD**

State

**FL**

Zip Code

**33020**

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

**3/29/2001**

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
D	ANDREW VAZ	2003 HARRISON STREET	HOLLYWOOD, FL 33020
D	PHONETHIP CHANGKACHITH	2003 HARRISON STREET	HOLLYWOOD, FL 33020

**3/29/23**

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**ANDREW VAZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/2001**

Date

**(954) 926-5585**

Daytime Phone #

CR2E081 (9/00)