

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR 26 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000096003**

**1. Corporation Name**

Mark Harrison Inc.

**2. Principal Office Address**

1985 East Lake Road

Suite, Apt. #, etc.

**City & State**

Palm Harbor, Florida

**Zip**

34685

**Country**

USA

**3. Mailing Office Address**

1985 East Lake Road

Suite, Apt. #, etc.

**City & State**

Palm Harbor, Florida

**Zip**

34685

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida 01/01/1996**

**5. FEI Number**  
59-3349696

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03-24**

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

**Name**  
Mark W. Harrison

**Street Address (P.O. Box Number is Not Acceptable)**  
1985 East Lake Road

**Suite, Apt. #, Etc.**

**City**  
Palm Harbor

**State**  
FL

**Zip Code**  
34685

100031280131  
03/25/04--01083--002 \*\*300.00

**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** 03/23/2004

**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
P/D	Mark W. Harrison	1985 East Lake Road	Palm Harbor, Florida 34685
S/D	Carol L Harrison	1985 East Lake Road	Palm Harbor, Florida 34685

**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 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:** MARK W. HARRISON PRES. 03/23/2004 --- 727-560-3482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

*TR*