

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2008 DEC -5 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300138510163
12/05/08--01020--009 **300.00

CR2E081 (10/08)

**CORPORATION
REINSTATEMENT**

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

DOCUMENT # P96000036676

1. Corporation Name

HARSHIDA INCORPORATED

2. Principal Office Address - No P.O. Box #

HIGHWAY 20 EAST

Suite, Apt. #, etc.

City & State

BLOUNTSTOWN, FL

Zip

32424

Country

3. Mailing Office Address

P.O BOX 575

Suite, Apt. #, etc.

City & State

BLOUNTSTOWN, FL

Zip

32424

Country

4. Date Incorporated or Qualified
To Do Business in Florida 4/20/1996

5. FEI Number
59-3437056

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
AMIN, HARESH C

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

C/O AIRPORT MOTEL HWY 20 EAST

Suite, Apt. #, Etc.

City
BLOUNTSTOWN

State
FL

Zip Code
32424

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

 (H. Amin) (President)

REGISTERED AGENT MUST SIGN

Date 12/1/08

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	AMIN, HARESH C	P.O. BOX 575 N/A	BLOUNTSTOWN, FL 32424
S	AMIN, RAXA	P.O. BOX 575 N/A	BLOUNTSTOWN, FL 32424

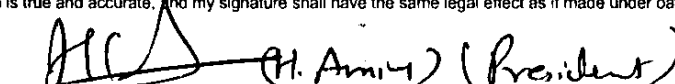
REINSTATEMENT

07-08

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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:

 (H. Amin) (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/1/08 850-674-8168

Daytime Phone #