

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 28 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000094806

1. Corporation Name

Harnord, Inc

2. Principal Office Address

901 Lithia Pinecrest

Suite, Apt. #, etc.

-

City & State

Brandon FL

Zip

33511

Country

USA

3. Mailing Office Address

901 Lithia Pinecrest

Suite, Apt. #, etc.

-

City & State

Brandon, FL

Zip

33511

Country

USA

200004881552--4
-02/05/02--01082--022
****900.00 ****900.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3419629

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

~~Bradley J. Wood~~ Bradley J. Wood

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

~~2639 Ninth Street North~~ 2639 Ninth Street North

Suite, Apt. #, Etc.

City

~~St. Petersburg~~ St. Petersburg

State
FL

Zip Code
33704

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

Bradley J. Wood
REGISTERED AGENT MUST SIGN

Date 01/22/2002

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.	Sherry Nord	8815 Arbor Way Court #114	Indianapolis, IN 46268
Sec.	Kandy Decht	5708 River Reserve Court	Tampa, FL 33619
Tre.	Carol Faessler	3059 Wister Cir.	Valrico, FL 33594

REINSTATEMENT 01-02-02

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:

Carol Faessler CAROL FAESSLER

Date

1-18-02

Daytime Phone #

CR2E081 (9/01)