

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 21 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000030014

1. Corporation Name

Earl Harris Karate Academy Inc

2. Principal Office Address

1273 Kingsway Rd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, FL 33510

City & State

Zip

Country

33510 Hi. 1136.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-15-97

5. FEI Number

59-3437941

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

~~Earl~~ Earl Harris

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

1269 Kingsway Rd.

Suite, Apt. #, Etc.

City

Brandon

State
FL

Zip Code

33510

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

Date

6-12-02

REGISTERED AGENT MUST SIGN

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.	Earl M. Harris	1273 Kingsway Rd	Brandon, FL 33510
VP	Deborah R. Harris	1273 Kingsway Rd	" 1

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***1350.00 ***1350.00

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 602 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)(b), 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:

Deborah R. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-12-02 813-661-

Daytime Phone #

8505

6/26/02