

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

04 NOV 2004 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000036054

1. Corporation Name

ROBERT G HARRISON SALES, USA, INC.

2. Principal Office Address

4801 S UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE 3000

City & State

DAVIE, FL

Zip

33062

Country

BROWARD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

300042438273
11/03/04--01039--025 **1050.00

REINSTATEMENT 98-04

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/97

5. FEI Number

65-0827191

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

ACCUPAY SERVICES CORP.

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

4801 S. UNIVERSITY DRIVE

Suite, Apt. #, Etc.

SUITE 3000

City

DAVIE

State

FL

Zip Code

33328

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

Date 10/29/04

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	ROBERT G. HARRISON	226 B ST. LEGER STREET	KITCHENER, ONTARIO
			CANADA, N2H4M5

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)(f), 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT G. HARRISON

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Rodriguez, Kinzbrunner, Coniglio & Watson

A Partnership of Professional Associations

4801 SOUTH UNIVERSITY DRIVE, SUITE 3000

DAVIE, FLORIDA 33328

(954) 680-6114

FAX (954) 680-6135

November 3, 2004

Via DHL Courier

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Robert G. Harrison Sales, U.S.A., Inc.
EIN: 65-0827191

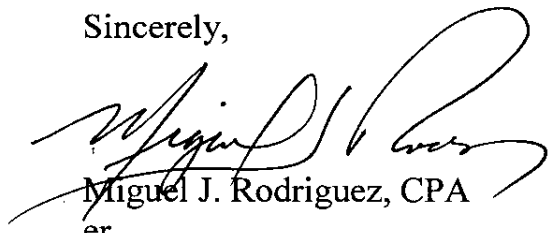
Gentlemen:

We recently discovered that the above referenced corporation has been dissolved since 1998. Please be advised that our client never received the renewal notice, and we respectfully request that the late fee be waived.

Enclosed please find a completed and signed Reinstatement form together with a check for \$1,050 to cover the reinstatement fee.

Your prompt attention to this matter is greatly appreciated.

Sincerely,



Miguel J. Rodriguez, CPA

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enclosures