

APPLICATION
FOR
REINSTATEMENT



Sandra B. Mortham
Secretary of State

DOCUMENT # P97000062245

R. A. HARRIS & COMPANY, INC.

FILED

98 DEC -7 PM 3:58

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

Mailing Address

4830 W KENNEDY BLVD
SUITE 580
TAMPA, FL 33609-25

4830 W KENNEDY BLVD
SUITE 580
TAMPA, FL 33609-2562

above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Zip

Country

7-17-97

Applied For	
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59-3458142

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee Required for a Certificate of Status**

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PCD	ROLAND A. HARRIS	4830 W KENNEDY BLVD-580	TAMPA, FL 33609-2562
VSTD	PENNY R. KOCAREK	4830 W KENNEDY BLVD-580	TAMPA, FL 33609-2562
			000002708170--2 -12/09/98-01115-017 ****758.75 ****758.75
		REINSTATEMENT 98	
		52 12-8-98	

8. Name and Address of Current Registered Agent

HARRIS, ROLAND A.
4830 W. KENNEDY BLVD, SUITE 580
TAMPA, FL 33609-2562

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code	
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0. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date 11-25-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roland A. Harris

11-25-98 (813) 282-8834

Date _____

Daytime Phone #

[illegible]