


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 OCT 19 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**

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

DOCUMENT # P99000059202

1. Corporation Name

Harry's Heavy Hauling

2. Principal Office Address

922 SHADICK DR

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange City FL

City & State

Orange City, FL

Zip

32763

Country

US

Zip

32703

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

6/28/91

5. FEI Number

593599981

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lori Dekanchuk

600060950998

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

1617 Dublin Road

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32738

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

L. Dekanchuk

REGISTERED AGENT MUST SIGN

Date

9/28

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
D	Lori Dekanchuk	1617 Dublin Rd Deltona, FL 32738	→
D	Harry Dekanchuk	922 Shadick Dr Orange City FL	→ 32763

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:

L. Dekanchuk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/28

Daytime Phone #

10/28/05  
aw