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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 17 PM 3:58

DOCUMENT # P99000086157

1. Corporation Name
HARVEST INTERNATIONAL GROUP, INC.
19722 BLACK OLIVE LANE
BOCA RATON, FL 33498

300004494613--2
-07/25/01--01013--007
****300.00 ****300.00

2. Principal Office Address
19722 BLACK OLIVE LANE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL 33498

City & State

Zip

33498

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09-27-1999

5. FEI Number

65-0959120

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

SUZAN H BARROS

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

19722 BLACK OLIVE LANE

Suite, Apt. #, Etc.

City

BOCA RATON, FL

State

FL

Zip Code

33498

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

[Signature]

Date

7/16/01

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
STR PRES	SUZAN H BARROS	19722 BLACK OLIVE LANE	BOCA RATON, FL 33498
VPD	SHIRLEY DE BARROS BAPTISTA	19722 BLACK OLIVE LANE	BOCA RATON, FL 33498
		201.25-AR	
		10.00-ARART	
		88.75-ARSUPP	

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/16/01

Daytime Phone #

561-482-2215
[Signature]

CR2E081 (9/00)

Thomas Tax & Accounting Inc

Thomas Tax & Accounting Inc
251 N. W. 9th Street
Boca Raton, FL 33432-2633

Phone: 561-395-5921
FAX: 561-395-5921
email: davidthomastax@juno.com

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Saturday, July 14, 2001

DIVISION OF CORPORATIONS
409 E GAINES STREET
TALLAHASSEE, FL. 32399
MR SEAN TONER

RE: HARVEST INTERNATIONAL GROUP, INC.

THE ANNUAL REPORT FORM WAS NOT RECEIVED FOR HARVEST
INTERNATIONAL GROUP, INC. IT IS REQUESTED YOU ABATE THE FEE OF \$600.

ENCLOSED IS THE CHECK FOR \$300.00 TO PAY NECESSARY FEES.

ENCLOSED IS CORPORATION REINSTATEMENT FORM.

THANK YOU FOR YOUR HELP



DAVID R THOMAS
Thomas Tax & Accounting Inc