


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>S40980</u>		FILED 97 APR -4 PM 1:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name <u>Harbilan Corporation</u>			
Principal Place of Business		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <u>Nations Bank, OFFICE of the Corporate Secretary</u> <u>100 North Tryon St.</u> City & State <u>Charlotte, N.C.</u> Zip <u>28255</u> Country <u>USA</u>		3. New Mailing Office Address, If Applicable <u>Nations Bank, OFFICE of the Corporate Secretary</u> <u>100 North Tryon St.</u> City & State <u>Charlotte, N.C.</u> Zip <u>28255</u> Country <u>USA</u>	
		4. Date Incorporated or Qualified To Do Business in Florida <u>3/27/91</u> 5. FEI Number <u>58-1937395</u> Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	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
<u>0</u>	<u>John E. Mack</u>	<u>Nations Bank Corporate Center 100 N. Tryon St.</u>	<u>Charlotte, N.C. 28255-0001</u>
			<u>6000002136646--7</u> <u>-04/08/97--01085--005</u> <u>****165.00 ****165.00</u>
			<u>6000002136646--7</u> <u>-04/08/97--01085--006</u> <u>****750.00 ****750.00</u>
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<u>Stephen L. Kussner</u> <u>201 N. Franklin Street</u> <u>Suite 2100</u> <u>Tampa, FL 33602</u>		Name <u>CT Corporation System</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Rd.</u> Suite, Apt. #, Etc. City <u>Plantation, FL</u> State <u>FL</u> Zip Code <u>33324</u>	
10. I, being appointed the registered agent of the above named corporation, am not a minor and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u>[Signature]</u> REGISTERED AGENT MUST SIGN Date <u>4-1-97</u>		11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <u>Susan Mays</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Tax Officer</u>		Date <u>3/27/97</u> Daytime Phone # <u>704-386-8568</u>	

CR2E040 (12/96)