PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # 64774 1. Corporation Name The Harz Corporation WEDDON US 2. Principal Office Address - No PO. Box # 4000 US 3. Mailing Office Address Crzeo81 (12/07) 4. Date Incorporated or Qualified To Do Business in Florids Tarmpa Cry & State Tarmpa Cry & State Cry & State Tarmpa Country 2. Principal Office Address - No PO. Box # 3. Mailing Office Address Crzeo81 (12/07) 4. Date Incorporated or Qualified To Do Business in Florids 5. Fet Number Applied For Min Applicable 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name Subset HARZ Street Address (PO. Box Number is you Acceptable) 4. Date Incorporated or Qualified To Do Business in Florids 5. Fet Number Applied For Min Applicable for Status Desired The reinstatement fee is imposed, except in circumstances which the entity did not received the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. 8. 1. being appointed the registered Agent Redistrered Agent Redistrered Agent with and accept the obligations of section 607.0503, F.S. Signature of Registered Agent Redistrered Agent with and accept the obligations of section 607.0503, F.S. Signature of Registered Agent Redistrered Agent with and accept the obligations of section 607.0503, F.S. Signature of Registered Agent Redistrered Agent with and accept the obligations of section 607.0503, F.S.
DOCUMENT # 64774 1. Corporation Name The Harz Corporation 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address CR2E081 (12/07) Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State TAMPA Country 7. Name and Address of Current Registered Agent Name Name Note Address (P.O. Box Number is Not Acceptable) The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Signature of 6. Lip is gappointed to registered agent of the above named corporation, an familiar with and accept the obligations of section 607,0505 or 617,0503, F.S. Signature of Date Secure TARY OF STATE TALLAHASSEE, FLORIDA SECRETARY OF STATE TALLAHASSEE, FLORIDA A. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applicable CRETIFICATE OF STATUS DESIRED Solida To Centificate of Status The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. 6. Lip is in a status of the above named corporation, an familiar with and accept the obligations of section 607,0505 or 617,0503, F.S. Signature of Registered Agent of the above named corporation, an familiar with and accept the obligations of section 607,0505 or 617,0503, F.S. Date Section 607,0505 or 617,0503, F.S. Date Section 607,0505 or 617,0503, F.S. Date Section 607,0505 or 617,0503, F.S.
1. Corporation Name The Harz Corporation Will Out 1/28 2. Principal Office Address - No P.O. Box # US Out Office Address US Out 1/2 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State The Country Zip Country Zip Country The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. 8. 1, 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 of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Date 5. FEI Number Applied For Not Applied For
2. Principal Office Address - No P.O. Box # L4005 N. SGH ST State Suite, Apt. #, etc. Suite, Apt. #, etc.
2. Principal Office Address - No P.O. Box # LOOS N. 56 th St Suite, Apt. #, etc. City & State TAMPA Country Zip Country 7. Name and Address of Current Registered Agent Name Name The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Signature of Registered Agent Date 5. FEI Number Applied For Not Applied For Street Address (P.O. Box Number is Not Acceptable) The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Signature of Registered Agent Date 5. FEI Number State The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Signature of Registered Agent
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4. Date Incorporated or Qualified To Do Business in Florida City & State TAMPA City & State City & State City & State To Do Business in Florida 5. FEI Number Applied For Not Applicable CERTIFICATE OF STATUS DESIRED SP. Additional Fee require for a Certificate of Status 7. Name and Address of Current Registered Agent Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. City TAMP A State Zip Code FL 33410 B. 1, 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 5. FEI Number Applied For Not Applied For
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Name Name Address of Current Registered Agent Name Robert HARZ Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City TAMPA State Zip Code FL 336/0 State 336/0 State Applications of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 5-7-08
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City TAMPA State Zip Code FL 33610 Signature of Registered Agetit The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. State Zip Code FL 33610 Date 5-7-08
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip
Pres Robert HARZ 4005 N 56th St. TAMPA FL 33612
VP Melissa Harz 4005 N 56th St. TAMPA FL 33610
1012295051 04/04/0801047008 **1350.00
REINSTATEMENT 04-08
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
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 contained in Chapter 119, 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.
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 contained in Chapter 119, F.S. The information indicated