

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 MAY 15 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 647741

### 1. Corporation Name

The Harz Corporation  
WU8000017678

**2. Principal Office Address - No P.O. Box #**

4005 N. 56<sup>th</sup> St.

Suite, Apt. #, etc.

### 3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City &amp; State

TAMPA FL

Zip 33610	Country US
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City &amp; State

Zip	Country
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**4. Date Incorporated or Qualified To Do Business in Florida**

### 5. FET Number

☒ Applied For —

	Not Applicable
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**6. CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name Robert HARRZ

Street Address (P.O. Box Number is Not Acceptable)  
4005 N 56<sup>th</sup> St.

Suite, Apt. #, Etc.

City Tampa

State	Zip Code
FL	33610

☐ 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. 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

Date 5-7-08

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
Pres	Robert Harz	4005 N 56 <sup>th</sup> St.	TAMPA FL 33610
VP	Melissa Harz	4005 N 56 <sup>th</sup> St.	TAMPA FL 33610

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

MELISSA HARZ