

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 30 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 843825

**1. Corporation Name**

Harrow Products, Inc.

2627 East Beltline, SE  
155 Chestnut Ridge Rd

**2. Principal Office Address**

2627 East Beltline, SE

Suite, Apt. #, etc.

**3. Mailing Office Address**

155 Chestnut Ridge Rd

Suite, Apt. #, etc.

City & State

Grand Rapids, MI

City & State

Montvale, NJ

Zip

49546

Country

USA

Zip

07645-0445

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 8/1/1979

**5. FEI Number**  
382266858

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

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**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

*Sheryl C. Clout*

REGISTERED AGENT MUST SIGN

Date

11/24/04

**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
P	MIKE LAMACH	155 CHESTNUT RIDGE RD	MONTVALE, NJ 07645
V/D	PATRICIA NACHTIGAL	155 CHESTNUT RIDGE RD	MONTVALE, NJ 07645
V/D	GERALD SWIMMER	155 CHESTNUT RIDGE RD	MONTVALE, NJ 07645
V/T	NANCY CASABLANCA	155 CHESTNUT RIDGE RD	MONTVALE, NJ 07645
			300043068553 11/30/04--01054--007 **1350.00

**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:

*Gerald E. Swimmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/04

Daytime Phone #

CR2E081 (01/04)