

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV 13 11:10:58

DOCUMENT # F05000002019

1. Corporation Name

Harvey Nash Inc.

2. Principal Office Address

1680 Route 23 North

Suite, Apt. #, etc.

Suite 300

City & State

Wayne, New Jersey

Zip

07470

Country

US

3. Mailing Office Address

1680 Route 23 North

Suite, Apt. #, etc.

Suite 300

City & State

Wayne, New Jersey

Zip

07470

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

3/3/2004

5. FEI Number

94-3307138

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

Corporation Service Company

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

1201 Nays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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

Kimberly B. Moret
REGISTERED AGENT MUST SIGN

Kimberly B. Moret
as its agent

Date

11/13/06

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
PCD	Robert J Miano	806 Minsi Trail	Franklin Lakes, New Jersey 07470
SD	Albert Ellis	13 Bruton Street	London, W1J 6QA U.K.
D	David Higgins	13 Bruton Street	London, W1J 6QA U.K.

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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:

Wh / Pm
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/09/06 (973)646-2100
Date Daytime Phone #

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