

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00-01 FILED

01 MAY 30 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99 000000323

1. Corporation Name

Harris HealthTrends Incorporated

2. Principal Office Address

4159 Holland-Sylvania Road

Suite, Apt. #, etc.

Suite 104

City & State

Toledo, Ohio

Zip

43623

Country

USA

3. Mailing Office Address

4159 Holland-Sylvania Road

Suite, Apt. #, etc.

Suite 104

City & State

Toledo, Ohio

Zip

43623

Country

USA

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

1/19/99

5. FEI Number

34-1561851

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

100004439641--3

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

1200 South Pine Island Road

06/25/01-01117-005

****308.75 ****308.75

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

Gail S. Apellis, Asst. Secretary

Date 5-18-2001

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
P/T/D	John H. Harris, III	4159 Holland-Sylvania Road Suite 104	Toledo, Ohio 43623
V/S/D	Diane E. Harris	4159 Holland-Sylvania Road Suite 104	Toledo, Ohio 43623

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)(l), 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:

Diane E. Harris

Date

5-11-01

(419) 885-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2001 (2/00)