## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F9900000323

1. Corporation Name

HARRI	S HEAL	THTRENDS IN	NCORPORAT		MULANASSIE FLORIDA					
4159 HOLL STE. 104 TOLDEO O	addresses are			ID-SYLVANIA 43623 Information aring Office Ad		w. 4. Date Inco	To Do Business in Florida 01/19/1999  5. FEI Number Applied Fo			
City & Sta	Zip Country		Zip	City & State  Zip Co				Not Applicable 8.75 Additional Fee required for a Certificate of Status		
7 Names	and Street Ac	Idresses of Each Officer	r and/or Director /Elo	rida nonorof	t corporations must list	at least 3 directors)				
Title(s)	Names and Street Addresses of Each Officer and/or Title(s)  Name of Officers and/or Directors		rs	St		Each ector	City / State / Zip			
PTD	HARRIS, JOHN H III			4159 HOI	Land-sylvania RD	., STE.	TE. SYLVANIA OH 43623			
VSD	HARRIS, DIANE E			4159 HOLLAND-SYLVANIA RD., STE.			SYLVANIA OH 43623			
						00 19/23	000240571 /0301086009	( ○ ○ ○ **150.00		
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	8. Nan	ne and Address of Cur	rent Registered Age	ent		9. Name and	Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				Street Address (P.O. Box Number Suite, Apt. #, Etc.  City			State Zip Code			
10. I, bein	ng appointed th	ne registered agent of th	e above named corpo	oration, am fa	amiliar with and accept t	he obligations of Se	ction 607.0505, F.S. or 617.09			
Signature Registered		SEE ATTACHEL	REGISTERED AG	ENT MUST	SIGN		Date			
							hapter 607 or 617, F.S. I furth its of section 607.0401 or 617			

1. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 HARRIS VICE PRESIDENT 10-13-03

Daytime Phone #

03 OCT 23 AM 9: 33

SECRETARY DE STATE

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## 10/13/2003 14:03 4198852942 HARRIS HEALTHTRENDS PAGE 02 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLICAT FOR ISTATE			<b>Glenda</b> Secreta	RTMENT OF STATE  1 E. Hood  1y of State  CORPORATIONS				
DOC!	UMENT	T.# <b>F99</b> (	00000032	23					
HARRIS	S HEAL	THTRENDS II	NCORPORAT	red ·		,			
4159 HOLL/ STE. 104 TOLDEO OF		RD.	4159 HOLLAN STE. 104 TOLDEO OH	Mailing Address  4159 HOLLAND-SYLVANIA RD. STE. 104 TOLDEO OH 43623  Dugh incorrect information and enter correction below.			instater	il dalli ancia ilità cinan illi coni	
	ب تسبیات یا	Address, If Applicable			idress-If Applicable	Date Incorporated or Qualified     To Do Business in Florida     01/19/1999			
Suite, Apt.			Sulte, Apt. #,	Sulte, Apt. #, etc.			34-1561851	Applied For Not Applicable	
Zip		Country	Zip		Country	6. CÉRTIFICATE	E OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status	
7 Names	and Street Ad	dreeses of Each Office	er and/or Director (Flo	ride nonprof	t corporations must list at lea	st 3 directors)	<del></del>		
Title(s)	7. Names and Street Addresses of Each Officer and/or Director (Flo Title(s))  Name of Officers and/or Directors				Street Address of Each Officer and/or Director	City / State / Tie			
PTD	PTD HARRIS, JOHN H III			4159 HOL	LAND-SYLVANIA RD., ST	SYLVANIA OH 43823			
VSD HARRIS, DIANE E			4159 HOL	LAND-SYLVANIA RD., ST	E. SYLVANIA OH 43623				
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			3	عش ـ ـ					
	0. Nam	e and Address of Cui	rrent Registered Age	nt		9. Name and A	Address of New Register	ed Agent	
CT CORPORATION SYSTEM					Name Street Address (P	O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND RD.					<u> </u>				
PLANTATION FL 33324					Sulte. Apt. #, Etc.				
				ł.	City		F	ate Zip Code	
10. I being Signature of	بین شد پست	registered agent of th	above named corpo	ration, am fa	miliar with and accept the ob	ligations of Section	on 607.0505, F.S. or 617.0	)505, F.S.	
Registered A	gent		REGISTERED AGE	NT MUST S	SIGN S CHI & ATON	o Aget Co	Date	13-03	
owed by	tatement appi the corporation	ilcation, the reason for on have been paid and	dissolution has been o I the names of individu	sliminated, th als listed on	execute this application as on ne corporate name satisfies the this form do not qualify for a agail effect as if made under of	ovided for in chap he requirements in exemption und	pter 607 or 617, F.S. I furt	7.0401, F.S., that all fees	
	-	//							
SIGNAT		INATURE AND TYPED O	R PRINTED NAME OF SI	GNING OFFIC	CER OR DIRECTOR		0-13-03	Daytime Phone #	

Daytime Phone #



PROVIDING INTEGRATED
HEALTH STRATEGIES

Corporate Headquarters 4159 Holland-Sylvania Rd. Suite 104 Toledo, OH 43623 (419) 885-5100 (419) 885-2942 (fax)

www.hhtinc.com

Florida Department of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6324

October 13, 2003

RE: Harris HealthTrends, Inc FEI Number 34-1561851

To Whom It May Concern:

Please accept the attached Application for Reinstatement to return Harris HealthTrends, Inc. to active status. It was not the intention or desire of Harris HealthTrends, Inc. to allow our active status to lapse.

I respectfully request that the reinstatement fee be waived. We have no record of receiving the Uniform Business Report (UBR) or related notices prior to this mailing. A filing fee in the amount of \$150.00 is included with the Application for Reinstatement.

Failure to receive the UBR may be a result of the elimination of one of our operating divisions and the closure of that office in Florida. Prior to 2003, the address of our Florida office was used as a registered agent address. We continue to have other business operations in Florida, but changed the registered agent and address to CT Corporation System, 1200 South Pine Island Rd., Plantation, FL 33324.

Again, I respectfully request your favorable consideration in waiving the reinstatement fee. If you have questions or would like to discuss this further, please contact Kathy Doty, Controller at 419-885-5100, ext#119 or via e-mail at <a href="kdoty@hhtinc.com">kdoty@hhtinc.com</a>.

Sincerely,

Diane E. Harris.