

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F99000000323**

1. Corporation Name

HARRIS HEALTHTRENDS INCORPORATED

Principal Place of Business

Mailing Address

4159 HOLLAND-SYLVANIA RD.
STE. 104
TOLDEO OH 43623

4159 HOLLAND-SYLVANIA RD.
STE. 104
TOLDEO OH 43623

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1999

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	HARRIS, JOHN H III	4159 HOLLAND-SYLVANIA RD., STE.	SYLVANIA OH 43623
VSD	HARRIS, DIANE E	4159 HOLLAND-SYLVANIA RD., STE.	SYLVANIA OH 43623

000024057100
10/23/03--01086--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SEE ATTACHED

Date

REGISTERED AGENT MUST SIGN

11. 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:

DIANE E. HARRIS, VICE PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR02040 (7/03)

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REINSTATEMENT

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10-13-03

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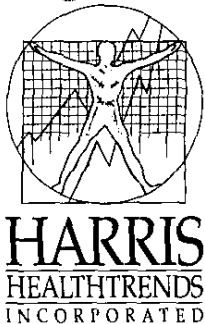
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-13-03



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 kdoty@hhtinc.com.

Sincerely,

Diane E. Harris
Vice President