


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M81017			
1. Corporation Name Harlow, Inc.			
2. Principal Office Address 36715 NASHUA BLVD		3. Mailing Office Address 36715 NASHUA BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SORRENTO, FL.		City & State SORRENTO, FL.	
Zip 32776	Country LAKE	Zip 32776	Country LAKE
4. Date Incorporated or Qualified To Do Business in Florida 5/16/68		REINSTATEMENT 07701	
5. FEI Number 59-2902835		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name DANIEL VANSTAALDINEN			
Street Address (P.O. Box Number is Not Acceptable) 36715 NASHUA BLVD			
Suite, Apt. #, Etc.			
City SORRENTO, FL.		State FL	Zip Code 32776
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 D. VanStaal		Date 4/9/00	
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
PRES.	DANIEL VANSTAALDINEN	36715 NASHUA BLVD	SORRENTO, FL. 32776
SEC. TREAS.	HENRY VANSTAALDINEN	36715 NASHUA BLVD	SORRENTO, FL. 32776
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: D. VanStaal		Date 4/9/00	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	