

K150

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000126952

1. Corporation Name

HAR-LOFT, INC.

2. Principal Office Address - No P.O. Box #

1290 Weston Road

3. Mailing Office Address

1290 Weston Road

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Weston, FL

City & State

Weston, FL

Zip

33326

Country

US

Zip

33326

Country

US

7. Name and Address of Current Registered Agent

Name

Sanford N. Reinhard, P.A.

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

1290 Weston Road

Suite, Apt. #, Etc.

Suite 201

City

Weston

State

FL

Zip Code

33326

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

REGISTERED AGENT MUST SIGN

Date

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
D	Barry Gordon Goldlist	138 Grey Road	Toronto, Canada M5M4G1

10. E-mail Address: sanrein@bellsouth.net

(To be used for future annual report notification)

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. I further certify, 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:

BARRY G. GOLDLIST

11/13/09

305 335 0344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 NOV 24 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600163099026

11/25/09--01002--014 **\$900.00

REINSTATEMENT

09

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/2003

5. FEI Number

20-0856871

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.