

\$150

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000126957

## 1. Corporation Name

HAR-LOFT HOLDING, 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 &amp; State

Weston, FL

## City &amp; 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

3053350344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 NOV 24 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA700163099017  
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

20-0856891

## 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.