

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.


Email Address: _____

CORPORATION REINSTATEMENT
HC2, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,350.00

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TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F06000007742**

1. Corporation Name: **Hoz, Inc.**

2. Principal Office Address - No P.O. Box # **575 Madison Ave**
Suite, Apt. #, etc. **3000**
City & State **NY, NY**
Zip **10022** Country


3. Mailing Office Address **575 Madison Ave**
Suite, Apt. #, etc. **3000**
City & State **NY NY**
Zip **10022** Country

4. Date Incorporated or Qualified To Do Business in Florida **12/18/2006**

5. FEI Number **27-0058625** Applied For: Not Applicable:

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent
Name **Corporation Service Company**
Street Address (P.O. Box Number is Not Acceptable) **1201 Hays Street**
City, State, Zip **Tallahassee FL 32301**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 617.0603, F.S.
Signature of Registered Agent  **Jeanine Reynolds** as its agent Date **2-18-11**
REGISTERED AGENT MUST SIGN

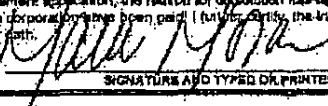
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors):

Title	Name of Officers and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Lynn Mestel	575 Madison Ave	NY NY 10022
COO	Willa Tower	575 Madison Ave	NY NY 10022
Comp. Mgr.	Marvin Moran	575 Madison Ave	NY NY 10022

S. HAWKES
JAN 18 2011

10. E-mail Address: **mmoran@Mestel.com**
(To be used for future annual report notification)

11. I certify that I am an officer or director or the recipient or trustee empowered to execute this application as provided for in chapter 807 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 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid in full. Thus, 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  **Marvin Moran** Date **2/18/11** **6463562576**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REINSTATEMENT