PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000005671

1. Corporation Name
HANNER CONSTRUCTION COMPANY

REINSTATEMENT 03-05
CR2E081 (8/05)

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1143 45TH AVE NE | 1143 45TH AVE NE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: ST. PETERSBURG, FL | City & State: ST. PETERSBURG, FL |
| Zip: 33703 Country: US | Zip: 33703 Country: US |

4. Date Incorporated or Qualified To Do Business in Florida: 01/17/1996

5. FEI Number: 59-3360252 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.70 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JOHN C HANNER

Street Address (P.O. Box Number is Not Acceptable): 1143 45TH AVE NE

Suite, Apt. #, Etc.:

City: ST. PETERSBURG, FL State: FL Zip Code: 33703

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 _____ Date _____
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 |
|---|---|---|---|
| PD | JOHN C HANNER | 1143 45TH AVE NE | ST. PETERSBURG, FL |
| | | | 33703 |
| | | | |
| | | | 400061744744 11/28/05--01016--010 **1050.00 |
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| | | | |

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: John C. HANNER 11/11/05 727.525.0025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #