

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # 218484

1. Corporation Name

Hambow, Inc.

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

714 Wandering Woods Way

3. Mailing Office Address

714 Wandering Woods Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra, FL

City & State

Ponte Vedra, FL

Zip

32081

Country

US

Zip

32081

Country

US

7. Name and Address of Current Registered Agent

Name

Barbara Turner

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

714 Wandering Woods Way

Suite, Apt. #, Etc.

City

Ponte Vedra

State

FL

Zip Code

32081

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

DocuSigned by:

Barbara Turner

REGISTERED AGENT MUST SIGN

Date November 21, 2023

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
P/D	Eric Faden	374 Stadium Blvd.	Lewisburg, PA 17837
S/T/D	Barbara Turner	714 Wandering Woods Way	Ponte Vedra, FL 32081
			DEC 19 2023
			M. WILLIAMS

10. E-mail Address: efaden@bucknell.edu

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Eric Faden

Eric Faden

November 21, 2023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

700420604377
12/19/23--01001--010 \$48.75700420604377
12/19/23--01001--010 \$48000.00

CR2E081 (11/10)

4. Date incorporated or Qualified
To Do Business in Florida
12/24/1958

5. FEI Number

59-6062126

Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status202301
STATE
AM 10:53
OFFICE OF STATE
TREASURER
TALLAHASSEE, FLREINSTATEMENT
1987-2023