

NOV. 19. 2008 10:37AM

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NO. 515 P. 2

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		08 NOV 19 PM 2:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # 420352 1. Corporation Name H. F. Development Co.																																	
2. Principal Office Address - No P.O. Box # 1900 East Ninth Street Suite, Apt. #, etc.		3. Mailing Office Address 1900 East Ninth Street Suite, Apt. #, etc. Loc. 01-2174		REINSTATEMENT 07-08																													
City & State Cleveland, Ohio		City & State Cleveland, Ohio																															
Zip 44114	Country USA	Zip 44114	Country USA																														
4. Date Incorporated or Qualified To Do Business in Florida March 5, 1973		5. FEI Number 591512658																															
6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 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.																													
7. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc.																																	
City Tallahassee		State FL	Zip Code 32301																														
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S. Signature of Registered Agent <u>Michele Polsky</u> Michele Polsky REGISTERED AGENT MUST SIGN Assistant VP Date <u>November 17, 2008</u>																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>DPT</td> <td>Doris Malinowski</td> <td>1900 East Ninth Street</td> <td>Cleveland, Ohio 44114</td> </tr> <tr> <td>VP</td> <td>Daniel J. DeMoss</td> <td>1900 East Ninth Street</td> <td>Cleveland, Ohio 44114</td> </tr> <tr> <td>S</td> <td>Catherine B. Wexler</td> <td>1900 East Ninth Street</td> <td>Cleveland, Ohio 44114</td> </tr> <tr> <td>AS</td> <td>Patrick J. Flynn</td> <td>1900 East Ninth Street</td> <td>Cleveland, Ohio 44114</td> </tr> <tr> <td>O</td> <td>Walter R. Bieganski</td> <td>1900 East Ninth Street</td> <td>Cleveland, Ohio 44114</td> </tr> <tr> <td>O</td> <td>Jeffrey J. Martin</td> <td>1900 East Ninth Street</td> <td>Cleveland, Ohio 44114</td> </tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	DPT	Doris Malinowski	1900 East Ninth Street	Cleveland, Ohio 44114	VP	Daniel J. DeMoss	1900 East Ninth Street	Cleveland, Ohio 44114	S	Catherine B. Wexler	1900 East Ninth Street	Cleveland, Ohio 44114	AS	Patrick J. Flynn	1900 East Ninth Street	Cleveland, Ohio 44114	O	Walter R. Bieganski	1900 East Ninth Street	Cleveland, Ohio 44114	O	Jeffrey J. Martin	1900 East Ninth Street	Cleveland, Ohio 44114
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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 contained in Chapter 119, 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: <u>Patrick J. Flynn</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		11/14/08 Date		(216) 222-2000 Daytime Phone #																													

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Kimberly K2949

CORPORATION REINSTATEMENT

H. F. DEVELOPMENT CO.

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