

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000004153		
1. Entity Name HANOVER SPECIALTIES, INC.		

Principal Place of Business 901 MOTOR PARKWAY HAUPPAUGE, NY 11788	Mailing Address 901 MOTOR PARKWAY HAUPPAUGE, NY 11788
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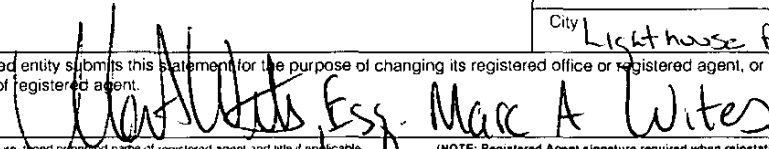
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09242007 REIN-P CR2E098 (1/07)

4. FEI Number 11-2288335	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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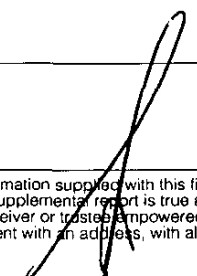
6. Name and Address of Current Registered Agent WITES, MARC A 1761 W. HILLSBORO BLVD., #403 DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name: Wites, Marc A. Street Address (P.O. Box Number is Not Acceptable): 4400 North Federal Highway City: Lighthouse Point FL Zip Code: 33064	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  Esq. Marc A Wites	DATE: 10/3/07

FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD NOSKIN, ARTHUR 388 ALTESSA BLVD MELVILLE, NY 11747 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NOSKIN, STEVEN 12 WAYDALE AVE DIX HILLS, NY 11746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOSKIN, ARTHUR 388 ALTESSA BLVD MELVILLE, NY 11747 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	9/25/07 631-231-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #

FILED

2007 OCT 15 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/16