

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F01000004153

**FILED**  
**Nov 16, 2012**  
**Secretary of State**

**Entity Name:** HANOVER SPECIALTIES, INC.

**Current Principal Place of Business:**

35 FELDLAND ST  
BOHEMIA, NY 11716

**New Principal Place of Business:**

**Current Mailing Address:**

35 FELDLAND ST  
BOHEMIA, NY 11716

**New Mailing Address:**

**FEI Number:** 11-2288335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WITES, MARC A  
4400 NORTH FEDERAL HIGHWAY  
LIGHTHOUSE POINT, FL 33064 US

**Name and Address of New Registered Agent:**

SANTORO, MARIA  
863 EAST PARK AVE  
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: MARIA SANTORO

11/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: NOSKIN, STEVEN  
Address: 12 WAYDALE DRIVE  
City-St-Zip: DIX HILLS, NY 11746

Title: VSD  
Name: NOSKIN, STEVEN  
Address: 12 WAYDALE AVE  
City-St-Zip: DIX HILLS, NY 11746

Title: T  
Name: NOSKIN, ARTHUR  
Address: 388 ALTESSA BLVD  
City-St-Zip: MELVILLE, NY 11747

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN NOSKIN

PCD

11/16/2012

Electronic Signature of Signing Officer or Director

Date