

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F07000003849

1. Entity Name  
HRG NO. 1 CORP.



FILED

08 OCT 30 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
150 WEST 28TH STREET SUITE 201A  
NEW YORK, NY 10001

Mailing Address  
150 WEST 28TH STREET SUITE 201A  
NEW YORK, NY 10001

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

901 Northpoint Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

West Palm Beach, FL

Zip

Country

Zip

Country

33407

USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GANS, HERMAN  
2845 N MILITARY TRAIL  
WEST PALM BEACH, FL 33409

Name

Strategic Realty Services, LLC

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

901 Northpoint Pkwy

Suite 200

City

West Palm Beach

FL

Zip Code

33407

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

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/23/08

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2009, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GANS, HERMAN  
STREET ADDRESS 150 WEST 28TH STREET SUITE 201A  
CITY-ST-ZIP NEW YORK, NY 10001

TITLE V ☐ Delete  
NAME WILLIAMS, ROBERT  
STREET ADDRESS 150 WEST 28TH STREET SUITE 201A  
CITY-ST-ZIP NEW YORK, NY 10001

TITLE T ☐ Delete  
NAME JURRIST, JEFFREY  
STREET ADDRESS 150 WEST 28TH STREET SUITE 201A  
CITY-ST-ZIP NEW YORK, NY 10001

TITLE S ☐ Delete  
NAME RADMIN, MORRIS  
STREET ADDRESS 333 JERICHO TURNPIKE SUITE 305  
CITY-ST-ZIP JERICHO, NY 11753

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

10/23/08

701031