

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

12 JUN -4 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *FD8000005071*

1. Corporation Name

*Hanna Andersson Holding Corp*

700235103847

06/01/12--01028--003 \*\*150.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #  
*1010 NW Flanders St*

3. Mailing Office Address  
*Same*

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida  
*11-26-2008*

City & State  
*Portland OR*

5. FEI Number  
*263744334*

Zip Country  
*97209 USA*

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
*CT Corporation System*

Street Address (P.O. Box Number is Not Acceptable)  
*1200 South Pine Island Road*

Suite, Apt. #, Etc.  
City  
*Plantation* State  
**FL** Zip Code  
*33324*

700235103847  
05/15/12--01008--009 \*\*750.00

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  
*Nancy Lydon, VP*  
REGISTERED AGENT (MUST SIGN)

Date  
*5/9/2012*

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
Director <i>CEO</i>	<i>Adam Stone</i>	<i>1010 NW Flanders St</i>	<i>Portland, OR 97209</i>
Director	<i>Dan Roach</i>	<i>5200 Town Center Blvd #100</i>	<i>Boca Raton, FL 33486</i>
Director	<i>Thomas V. Taylor</i>	<i>5200 Town Center Blvd #100</i>	<i>Boca Raton FL 33486</i>

**REINSTATEMENT**  
*2011-12*

10. E-mail Address: *bleott@hannaandersson.com*  
(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.617.155, F.S.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
*5/10/12* Daytime Phone #  
*9353300*

S. HAWKES  
JUN - 2012  
EXAMINER