

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris,
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 23 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006131 (4)

1. Corporation Name

HH Properties-I, Inc.

2. Principal Office Address

300 Bausch & Lomb Place

3. Mailing Office Address

300 Bausch & Lomb Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rochester, NY

City & State

Rochester, NY

Zip

14604

Country

USA

Zip

14604

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/96

5. FEI Number

16-1511413

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Florida Filing & Search Services, Inc.

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

3260 Baldwin Drive W

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

Abbie R. Hodge, Sec.
REGISTERED AGENT MUST SIGN

Date 2/23/00

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
	SEE ATTACHED SCHEDULE A		

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 under section 119.07(3)(i), 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:

Thomas W. Blank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas W. Blank, Vice President

2/4/00

Date

716-454-3400

Daytime Phone #

CR2E081 (9/99)

2

SCHEDULE A
BLOCK 9 TO CORPORATION REINSTATEMENT APPLICATION
FLORIDA DEPARTMENT OF STATE
NAMES AND STREET ADDRESSES OF EACH OFFICER AND/OR DIRECTOR

<u>TITLES</u>	<u>NAME OF OFFICERS AND/OR DIRECTORS</u>	<u>STREET ADDRESS OF EACH OFFICER AND/OR DIRECTOR</u>	<u>CITY/STATE/ZIP</u>
C/CEO/P/D	E. Anthony Wilson	300 Bausch & Lomb Place	Rochester, NY 14604
V/D	Bruce A. Sahs	300 Bausch & Lomb Place	Rochester, NY 14604
V/T/AS/D	Ralph L. Peek	300 Bausch & Lomb Place	Rochester, NY 14604
D	Thomas P. Doggett	300 Bausch & Lomb Place	Rochester, NY 14604
S	Alan S. Lockwood	300 Bausch & Lomb Place	Rochester, NY 14604
V	Christopher B. Burns	300 Bausch & Lomb Place	Rochester, NY 14604
V	Thomas W. Blank	300 Bausch & Lomb Place	Rochester, NY 14604