

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 3:54

DOCUMENT # **F96000006131**

1. Corporation Name

HH PROPERTIES-I, INC.

100004658281--2
-10/30/01--01006--016
****750.00 ****750.00



Principal Place of Business

300 BAUSCH & LOMB PLACE
ROCHESTER NY 14604

Mailing Address

300 BAUSCH & LOMB PLACE
ROCHESTER NY 14604

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/1996

5. FEI Number

16-1511413

Applicable

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEOP	WILSON, E. ANTHONY	300 BAUSCH & LOMB PLACE	ROCHESTER NY 14604
V/D	SAHS, BRUCE A	300 BAUSCH & LOMB PLACE	ROCHESTER NY 14604
VTAD	PEEK, RALPH L	300 BAUSCH & LOMB PLACE	ROCHESTER NY 14604
D	LOCKWOOD, ALAN S	300 BAUSCH & LOMB PLACE	ROCHESTER NY 14604
V	BURNS, CHRISTOPHER B	300 BAUSCH & LOMB PLACE	ROCHESTER NY 14604
V	BLANK, THOMAS W	300 BAUSCH & LOMB PLACE	ROCHESTER NY 14604

8. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
3260 BALDWIN DRIVE W
TALLAHASSEE FL 32308

9. Name and Address of New 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

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
KEVIN A. DeBunio, Asst. Secy.
REGISTERED AGENT MUST SIGN

Date **10/22/07**

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., 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/01
Date

716-454-3400
Daytime Phone #

CR2040 (8/01)