

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006131

1. Corporation Name

HH PROPERTIES-I, INC.

Principal Place of Business

300 BAUSCH & LOMB PLACE  
ROCHESTER NY 14604

Mailing Address

300 BAUSCH & LOMB PLACE  
ROCHESTER NY 14604

000023973620  
11/20/03-01072-021 \*\*150.00



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
400 LINDEN OAKS  
City & State  
ROCHESTER, NY  
Zip  
14625  
Country  
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
400 LINDEN OAKS  
City & State  
ROCHESTER, NY  
Zip  
14625  
Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/22/1996

5. FEI Number

16-151413

Applied For

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
COB	WILSON, E. ANTHONY	300 BAUSCH & LOMB PLACE 400 LINDEN OAKS	ROCHESTER NY 14604 14625
V/D	SAHS, BRUCE A	300 BAUSCH & LOMB PLACE 400 LINDEN OAKS	ROCHESTER NY 14604 14625
VTAD	PEEK, RALPH L	300 BAUSCH & LOMB PLACE 400 LINDEN OAKS	ROCHESTER NY 14604 14625
D	LOCKWOOD, ALAN S	300 BAUSCH & LOMB PLACE 400 LINDEN OAKS	ROCHESTER NY 14604 14625
V	BURNS, CHRISTOPHER B	300 BAUSCH & LOMB PLACE 400 LINDEN OAKS	ROCHESTER NY 14604 14625
PCEO	BLANK, THOMAS W	300 BAUSCH & LOMB PLACE 400 LINDEN OAKS	ROCHESTER NY 14604 14625

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

Kevin A. Seburnia, Asst Secy  
(REGISTERED AGENT MUST SIGN)

Date

10/16/03

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:

CHRISTOPHER B. BURNS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

585-469-4040

CR2E040 (7/03)