

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 26 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F970000006028

1. Corporation Name

HENNESSEY + ASSOCIATES INC.

2. Principal Office Address

1013 CENTRE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

WILMINGTON, DE

City & State

Zip

19805

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/97

5. FEI Number

650792443

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

700003953357

Suite, Apt. #, Etc.

-04/03/01-01066-016

****150.00 ****50.00

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Laura R. Dunlap

Laura R. Dunlap
as its agent

Date

3/26/01

REGISTERED AGENT MUST SIGN

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
CPS	ROBERT J. HENNESSEY	1013 CENTRE ROAD	WILMINGTON, DE 19805
V	MICHELE C. HENNESSEY	1013 Centre Road	Wilmington DE 19805
			700003953357-8
			-04/03/01-01066-017
			****750.00 ****758.75
			REINSTATEMENT 00-01
			T8

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:

ROBERT J. HENNESSEY

3-21-01

941-348-2623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #