APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 NOV -2 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000003260

1. Corporation Name

HATRICK INVESTMENTS, INC.

2. Principal Office Address		**3.** Mailing Office Address	
30725 Aurora Road		30725 Aurora Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Solon, Ohio		Solon, Ohio	
Zip	Country	Zip	Country
44139	USA	44139	USA

REINSTATEMENT 11-05

4. Date Incorporated or Qualified To Do Business in Florida: June 3, 1999

5. FEI Number: 34-1897606 ☐ 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: National Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive, Suite #4

Suite, Apt. #, Etc.:

City: Weston | State: FL | Zip Code: 33331

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: Travis Tinkstaff — REGISTERED AGENT MUST SIGN — TRAVIS TINKSTAFF ASSISTANT SEC. — Date 11/01/05

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
P/S	Henry C. Kassigkeit	30 Easton Lane	Moreland Hills, OH 44022
T	Robert F. LaSalvia	30 Easton Lane	Moreland Hills, OH 44022
O	Patricia Setlock	30 Easton Lane	Moreland Hills, OH 44022

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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: [signature] Treasurer — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 10/27/05 — Daytime Phone #

K. Ecker NOV - 2 2005