## FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED SECRETARY OF STATE VISION OF CORPORATIONS DOCUMENT # L98807 1. Corporation Name 99 OCT 20 PH 12: 58 HANNA BROTHERS, INC. Mailing Address C/O Daniel D. Akel, Esq. Principal Place of Business 11247 San Jose Blvd. One IndependentDr., Suite 2301 Apt. 101 Jacksonville, FL 32202 Jacksonville, FL 32223 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable SEE ABOVE 2. New Procipal Office Address. If Applicable Date Incorporated or Qualified To Do Business in Florida 9/11/90 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3028675 City & State City & State Not Applicable \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers Title(s) and/or Directors City / State / Zip PD Joseph Hanna 11247 San Jose Blvd. #101 Jacksonville, Fl 32223 VST Joanna Hanna 11247 SanJose Blvd. #101 Jacksonville, FL 32223 \*\*\*\*750.00 \*\*\*\*750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Daniel D. Akel, Esq. Street Address (P.O. Box Number is Not Acceptable) One Independent Drive, Suite 2801 Jacksonville, FL 32202 Suite, Apt. #, Etc. Zip Code 10 I, being appointed the registered agent of the above harned corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Daniel D. Akel REGISTERED AGENT MUST SIGN 10/19/99 Date 11. This corporation owes the current year (See other side for information on intangible tax.) Yes No. 🛛 Intangible Personal Property Tax due June 30.

12 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 astisfies 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.

mra

SCHATTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSEPH HANNA

SIGNATURE: