

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

**CORPORATION
REINSTATEMENT**

Katherine Harris
Secretary of State
1010 CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 13 AM 10:02

DOCUMENT # **M87549**

1. Corporation Name

THE HENNESSY COMPANIES

2. Principal Office Address

2310 NW 55th CT

3. Mailing Office Address

708 MACLEAN AVE

Suite, Apt. #, etc.

BAY 134

Suite, Apt. #, etc.

3RD FLOOR

City & State

FT. LAUDERDALE FL

City & State

KENILWORTH IL

Zip

33309

Country

USA

Zip

60043

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/29/88

5. FEI Number

65-0064800

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

John Hennessy

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

2310 N.W. 55th COURT

Suite, Apt. #, Etc.

BAY 134

City

FORT LAUDERDALE

State

FL

Zip Code

33309

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

John G. Hennessy, Jr.
REGISTERED AGENT MUST SIGN

Date **2-23-02**

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	JOHN HENNESSY	2310 NW 55TH CT. - #134	FT. LAUDERDALE FL 33309

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:

John G. Hennessy, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-02
Date

954-739-0101
Daytime Phone #