

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 OCT 28 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M87549**

1. Corporation Name

**THE HENNESSY COMPANIES**

Principal Place of Business

Mailing Address

2310 NW 55TH CT  
BAY 134  
FT LAUDERDALE FL 33309

~~700 MAGLEAN AVE~~ **106 ROBSART**  
~~3RD FLOOR~~  
KENILWORTH IL 60043



**REINSTATEMENT 09**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/29/1988

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

100024217401  
10/28/03--01085--002 \*\*150.00

*Handwritten signature/initials*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENNESSY, JOHN  
2310 NW 55TH CT  
BAY 134  
FT LAUDERDALE FL 33309

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Handwritten signature of John Hennessy*

REGISTERED AGENT MUST SIGN

Date **10/23/03**

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:

*Handwritten signature of John Hennessy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/23/03**

Date

Daytime Phone #

CR2E040 (7/03)

**THE HENNESSY COMPANIES**  
2310 NW 55<sup>TH</sup> CT - BAY 134  
FT. LAUDERDALE FL 33309

October 23, 2003

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee FL 32399

Gentlemen:

We did not receive the previous two UBR notices. We have a new mailing address and it appears that the post office has not forwarded these items to us. There was a problem early on after our move in receiving mail, which appears to be resolved since we just received notice of Administrative dissolution.

Enclosed is our check in the amount of \$150.00 and the application for reinstatement.

Thank you for your cooperation in this matter.

Sincerely,

  
John Hennessy  
President