

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 17 AM 8:00

DOCUMENT # ND2000002342

1. Corporation Name

Hannibal Square Association, Inc.

2. Principal Office Address

425 West New England Ave.

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Office Address

425 West New England Ave.

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park, FL

Zip

32789

Country

USA

REINSTATEMENT

03-04

MRB

4. Date Incorporated or Qualified

To Do Business in Florida

March 25, 2002

5. FEI Number

20-1469371

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Teri Gagliano

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

533 W. New England Avenue

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

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

Teri D Gagliano

REGISTERED AGENT MUST SIGN

Date 8-10-04

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
<u>D</u>	<u>Barbara Ferrero</u>	<u>400 W. New England Ave., Ste 7</u>	<u>Winter Park, FL 32789</u>
<u>D</u>	<u>Dexter Richardson</u>	<u>558 W. New England Ave.</u>	<u>Winter Park, FL 32789</u>
<u>D</u>	<u>Baxter Matthews</u>	<u>425 W. New England, Ste. 200</u>	<u>Winter Park, FL 32789</u>

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:

Baxter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-04

Date

Daytime Phone #

CR2E081 (01/04)