

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 21 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1198000004198**

1. Corporation Name

Friends of Hanover, Inc.

REINSTATEMENT 02-03

2. Principal Office Address

13229 CR 103

Suite, Apt. #, etc.

3. Mailing Office Address

13229 CR 103

Suite, Apt. #, etc.

City & State

OXFORD, FL

Zip

34484

Country

USA

City & State

OXFORD, FL

Zip

34484

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/20/1998

5. FEI Number

593529096

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

Thomas Bryant

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

5032 N.W. 40th Street

Suite, Apt. #, Etc.

City

Lake Panasoffkee

State

FL

Zip Code

33538

600019584166

05/21/03--01018--001 **297.50

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

Ronald G. Hess

REGISTERED AGENT MUST SIGN

Date **5/20/03**

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
Pres.	Ronald G. Hess	13229 CR 103	OXFORD, FL 34484
Vice Pres.	Terry Yoder	5032 N.W. 40th St	Lake Panasoffkee, FL 33538
Sec.	Glendora Yoder	5032 N.W. 40th St	Lake Panasoffkee, FL 33538

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:

Ronald G. Hess

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD G. HESS

Date

(352) 748-6882

Daytime Phone #

CR2E081 (10/02)

5/27