

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 16 PM 3:51

TALLAHASSEE, FLORIDA

DOCUMENT # PO1000033818

1. Corporation Name Hartland Management, Inc.

100009520681
12/16/02--01043--003 **300.00

2. Principal Office Address

107 North Beach Road

3. Mailing Office Address

107 North Beach Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

City & State

Hobe Sound, FL

Zip

33455

Country

USA

Zip

33455

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 3, 2001

5. FEI Number

65-1097910

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

Charles E. Muller II

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

9350 South Dixie Highway

Suite, Apt. #, Etc.

Suite 1550

City

Miami

State

FL

Zip Code

33156

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

Charles Muller II

Date

12/11/02

REGISTERED AGENT MUST SIGN

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,T,D Sec.	<u>Christian A. Nast</u>	<u>107 North Beach Road</u>	<u>Hobe Sound, FL 33455</u>
V.P.	<u>Pamela A. Davis</u>	<u>724 Redding Road</u>	<u>West Redding, CT 06896</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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christian Nast, President

12/11/02

Date

Daytime Phone #

CR2E081 (9/01)