

PS 1 of 2  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JUN 17 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200037943002  
06/14/04--01060--014 \*\*600.00

**DOCUMENT #**

1. Corporation Name **P01000039849**

**HANNON MANAGEMENT CORPORATION**

**2. Principal Office Address**

**11 S. BLVD. OF THE PRESIDENTS**

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

Zip

**34236**

Country

**SARASOTA**

**3. Mailing Office Address**

**11 S. BLVD. OF THE PRESIDENTS**

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

Zip

**34236**

Country

**SARASOTA**

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

**4.18.2001**

5. FEI Number

**651111226**

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

**J. KEVIN DRAKE**

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

**1432 1ST STREET**

Suite, Apt. #, Etc.

City

**SARASOTA**

State

**FL**

Zip Code

**32436**

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **6/11/04**

**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
<b>P</b>	<b>DAVID K. HANNON</b>	<b>11 S. BLVD OF THE PRESIDENTS</b>	<b>SARASOTA, FL 34236</b>
<b>VP</b>	<b>MIKE HANNON</b>	<b>4726 HUNTLEY LANE</b>	<b>SARASOTA, FL 34232</b>
<b>T</b>	<b>JANE PORTO</b>	<b>4930 O BAR ROAD</b>	<b>SARASOTA, FL 34241</b>

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)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6.11.04 941.388.3121**  
Date Daytime Phone #

CR2081 (01/04)

pg 2 of 2

To: Tina Roberts  
From: David Hannon

Re: Hannon Management #P01000039849

The reason we did not file annual reports for the years 2003 and 2004, is because we did not receive the Annual Reports for the years 2003 and 2004.

Respectfully,



Dave Hannon

6.16.04