PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.       CORPORATION REINSTATEMENT     PLORIDA DEPARTMENT OF STATE Secretary of State DVISION CIR COMPORTORS     FILE       DOCUMENT #     DOCUMENT #       1. Corponion Name     PO2000039849       HANNON     MANAGEMENT CORPORATION       2. Maning Office Address     S. Maning Office Address       11.S. BUD, OF THE RESIDENT, II. S. BULO OF THE PRESIDENT     DOCUMENT #       2. Maning Office Address     S. Maning Office Address       2. Maning Office Address     S. Maning Office Address       2. Maning Office Address     S. Maning Office Address       3. Maning Office Address     S. Maning Office Address       3. Maning Office Address     S. Maning Office Address       3. Maning Office Address     S. Maning Office Address       State Address of Course     Second State English Address       3. Maning Office Address     Second State English Address of Course Address       3. Maning Office Address     Second State English Address of Course Addr			: : 1				PS	10,2
DOCUMENT #       1: corporation Name     P02000039849       HANNON MANAGEMENT CORPORATION       2: Principal Other Address       11: S. BUD, OF THE RESIDENT       11: S. BUD, OF THE RESIDENT       State, AF, # alc.       State, AF, # alc.       State, AF, #, alc.       State       Clay & State       State       State, AF, #, alc.       Clay & State       State, AF, #, alc.       State       State, AF, #, alc.       Tourison of the Address (PL) Box Number In two Accellably       State, AF, #, ELC.       City       State, AF, #, ELC.       City       State, AF, #, ELC.       State, AF, #, ELC.       City <td< th=""><th>•</th><th>•</th><th></th><th>ALL INSTRUCT</th><th>IONS BEFORE C</th><th></th><th>NG THIS FOR</th><th>M. 0</th></td<>	•	•		ALL INSTRUCT	IONS BEFORE C		NG THIS FOR	M. 0
DOCUMENT #       1: corporation Name     P02000039849       HANNON MANAGEMENT CORPORATION       2: Principal Other Address       11: S. BUD, OF THE RESIDENT       11: S. BUD, OF THE RESIDENT       State, AF, # alc.       State, AF, # alc.       State, AF, #, alc.       State       Clay & State       State       State, AF, #, alc.       Clay & State       State, AF, #, alc.       State       State, AF, #, alc.       Tourison of the Address (PL) Box Number In two Accellably       State, AF, #, ELC.       City       State, AF, #, ELC.       City       State, AF, #, ELC.       State, AF, #, ELC.       City <td< th=""><th colspan="6">REINSTATEMENT Secretary of State</th><th>LED 117 NH 8:25</th><th>E IDA</th></td<>	REINSTATEMENT Secretary of State						LED 117 NH 8:25	E IDA
2. Pincipia Office Address 11.5. BUD. OF THE PRESIDENT 11.5. BUD. OF THE PRESIDENT 3. Mailing Office Address 11.5. BUD. OF THE PRESIDENT 3. Mailing Office Address 3. Mai						SECF TALL	AHASSEE. FLOR	
11 S. BUD. OF THE PRESIDENTS     11 S. BLUD. OF THE PRESIDENTS     SITE ALL OF THE PRESIDENTS     D3-04     Curver       Suite, Apl. 4, etc.     Suite, Apl. 4, etc.     Suite, Apl. 4, etc.     Curver, Apl. 4, etc.	HANNON MANAGEMENT CORPORATION						1003794: 104010600	3 <b>002</b> 14 **600.00
Suite, Apt. #. etc.     Suite, Apt. #. etc.     R. Islams, And M. P. 1937-2001     T. 5- 000-000       Suite, Apt. #. etc.     Suite, Apt. #. etc.     R. Islams, In And M. P. 1937-2001     T. 5- 000-000       SARASOTA - FL     SARASOTA - FL     SARASOTA - FL     Applied For       Jay 2360     SARASOTA     SUIT     Applied For     Applied For       State     State     State     State     Applied For       State     State     State     State     Applied For       State     A			1	3. Mailing Office Addr	ess	1		
City & State     City & State     Incorporate of Dustiness in Fords     4.18.2001     Applied For       SARAASOTA , FL     SARAASOTA , FL     SARAASOTA , FL     Software of Fords     4.18.2001     Applied For       34236     SARASOTA , GL     Country     Zp     Country     Software of Fords     Software of Fords     Software of Fords     Software of Fords     Applied For     Not Appl						DEIMIC	TATENE	NT 22-610
City & State     SARASOTA , FL     SARASOTA , FL     SARASOTA , FL     Applied For       3ARASOTA , FL     Country     SARASOTA , FL     SARASOTA , FL     Not applied For       3H236     SARASOTA , GLUTY     SARASOTA , GLUTY     Sarasota     Setter (Country , GLUTY)     Sarasota     Setter (Country , GLUTY)     Sarasota     Setter (Country , GLUTY)     Setter (Country ,	Suite, Apt. #	te, Apt. #, etc. Suite, Apt		Suite, Apt. #, etc.	#, etc.		orated or Qualified	
SARASOTA     FL     SARASOTA     FL     651/1/1/2.2/6     Not Applicable       Zip     Country     Zip     Country     Sarasota     Intervalue     State     <	City & State	3	1 1 1	City & State	<u></u>	ļ		
34336     SARASOTA     34236     SARASOTA     **CERTFICATE OF STATUS DESIRED     \$************************************		ISOTA				4		
I. Name and Address of Current Registered Agent       Name     J. KEVIN DRAKE       Street Address (P.O. Box Number is Not Acceptable)     1/432       I. J. Street Address (P.O. Box Number is Not Acceptable)     1/432       Street Address (P.O. Box Number is Not Acceptable)     1/432       Street Address (P.O. Box Number is Not Acceptable)     1/432       Street Address (P.O. Box Number is Not Acceptable)     1/432       City     SARASOTA       City     SARASOTA       Street Address of Learch Officer and/or Director Corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.       Signature of Registered Agent     Date       Medistered Agent     Date       Officer and/or Director     Other and/or Director       Officer and/or Director     Other and/or Director       Officer and/or Director     City / State / Zp       P     DAV/D K. HANNON     1/1 S. BLVD OF THE PRES/DENTS     SARASOTA, FL     3/42.324       VP     Mike HANNON     4726 HUNTLEY LANE     SARASOTA, FL     3/42.324       T     JANE PORTO     4930     D BAR ROAD     SARASOTA, FL     3/42.324       T     JANE PORTO     4930     D BAR ROAD     SARASOTA, FL </td <td>· .</td> <td>36</td> <td></td> <td></td> <td></td> <td></td> <td>OF STATUS DESIRED</td> <td></td>	· .	36					OF STATUS DESIRED	
J. KEVIN DRAKE       Street Address (P.O. Box Number is Not Acceptable)       I 432_ISt STREET       Suite, Apt. #, Etc.       City     SARASOTA       B. 1, being appointed the reference agent of the above named porporation, an familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.       Signature of Registered Agent     Date       P. Names and Street References of Each Officer and/or Directors       Officer and/or Directors     Street Address of Each Officer and/or Director       P. DAVID K. HANNON     II S. BLVD OF THE PRESIDENTS       SARASOTA     Street Address of Each Officer and/or Director       P. DAVID K. HANNON     II S. BLVD OF THE PRESIDENTS       SARASOTA, FL 34232       T     JANE FORTO       4930 O BAR ROAD     SARASOTA, FL 34232       T     JANE FORTO       4930 O BAR ROAD     SARASOTA, FS 34241       Social Control of the oblegation on on contradistion from an alitisfies the execute this application as provided for in chapter 607 or 617. F.S. I further certify that when filing reinstatement application, the reason of disclosidin has been alitisfies the equipication as provided for in chapter 607 or 617. F.S. I further certify that when filing reinstatement application, the reason of redisclosidin has been alitisfies the equipication as eactiling for equipication of SUMOI (FS. The information indicated or oth application is true and accurate, and my signature shall h						ed Agent		
Street Address (P.O. Box Number is Not Acceptable)		Name	$\overline{\mathcal{T}}$	KEVINI DA	AKE			
Suite, Apl. #, Etc.     State     Zip Code       City     SARASOTA     FL     32436       8. 1, being appointed the roboth rod agent of the above named borporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.     Signature of Registered Agent     Date     6/11/04       9. Names and Street koorsesses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)     Date     6/11/04       9. Names and Street koorsesses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)     City / State / Zip       9. Names and Street koorsesses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)     City / State / Zip       9. DAVID K. HANNON     11 S. BLVD OF THE PRESI DENTS SARASOTA, FL 34232,       7. JANE PORTD     4930 D BAR ROAD     SARASOTA . FL 34232,       7. JANE PORTD     4930 D BAR ROAD     SARASOTA . FL 34232,       7. JANE PORTD     4930 D BAR ROAD     SARASOTA . FL 34232,       7. JANE porto the robother or the robother or the robother or the same eliminated, the corporate name satisfies the conjunctents of section 607.0401 of 77.0401, FS, that at lat least or description tase section 119.07(001, FS, The information indicated on the application is the and accurate, and my signature shall have the same legil effect at it made under cate.     6.11.04 94H1.3588.3121 <td></td> <td>Street Add</td> <td>Irêss (P.O. Box Number is No</td> <td>ot Acceptable)</td> <td></td> <td colspan="3" rowspan="2"></td>		Street Add	Irêss (P.O. Box Number is No	ot Acceptable)				
SARASOTA     FL     32436       8. I. being appointed the robust agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.     Date     6/11/04       Signature of Registered Agen     Date     6/11/04     Date     6/11/04       9. Names and Street Agenesses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)     Titles     Officer and/or Director     City / State / Zp       P     DAV/D K. HANNON     11 S. BL/DO F THE PRES/DENTS     SARASOTA, FL     342.326       VP     MiKE     HANNON     4726 HUNTLEY LANE     SARASOTA, FL     342.322       T     JANE PORTD     4930 D BAR ROAD     SARASOTA, FL     342.322       T     JANE PORTD     4930 D BAR ROAD     SARASOTA, FL     342.322       T     JANE PORTD     4930 D BAR ROAD     SARASOTA, FL     342.321       10. I certly that I am an officer or director or the roceiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certly that when filing this reinstanding the corporation have been gain and the names at lifes the rouginements of saccing 607.0401 or 617.0401, F.S. The information indicated on this torm do nd qualify for an exemption under section 119.07(3)(0, F.S. The information indicated on this application is true and acurate, and my signature shall have the same legal effect as if ma		Suite, Apt.		2 157	SIREEI			
SARASOTA     FL     32436       8. I. being appointed the robust agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.     Date     6/11/04       Signature of Registered Agen     Date     6/11/04     Date     6/11/04       9. Names and Street Agenesses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)     Titles     Officer and/or Director     City / State / Zp       P     DAV/D K. HANNON     11 S. BL/DO F THE PRES/DENTS     SARASOTA, FL     342.326       VP     MiKE     HANNON     4726 HUNTLEY LANE     SARASOTA, FL     342.322       T     JANE PORTD     4930 D BAR ROAD     SARASOTA, FL     342.322       T     JANE PORTD     4930 D BAR ROAD     SARASOTA, FL     342.322       T     JANE PORTD     4930 D BAR ROAD     SARASOTA, FL     342.321       10. I certly that I am an officer or director or the roceiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certly that when filing this reinstanding the corporation have been gain and the names at lifes the rouginements of saccing 607.0401 or 617.0401, F.S. The information indicated on this torm do nd qualify for an exemption under section 119.07(3)(0, F.S. The information indicated on this application is true and acurate, and my signature shall have the same legal effect as if ma		City				<b></b>	State Zip Code	
Registered Agent     Date     Dat			<u>A</u> SAR	ASQTA	·		FL 324	
9. Names and Street Address 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     DAVID K. HANNON     11 S. BLVD OF THE PRESIDENTS     SARASOTA, FL 34234       VP     MIKE HANNON     4726 HUNTLEY LANE     SARASOTA, FL 34232       T     JANE PORTO     4930 D BAR ROAD     SARASOTA, FE 34241       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, FS. 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. The information indicated on this application is the and accurate, and my signature shall have the same legal effect as if made under cath.     6.11.04     941.388.3121	Signature o	of ,	MAD	2		bligations of section		
Titles     Name of Officers and/or Directors     Street Address of Each Officer and/or Director     City / State / Zip       P     DAVID K. HANNON     11 S. BLVD OF THE PRESIDENTS     SARASOTA, FL 34234       VP     MIKE HANNON     4726 HUNTLEY LANE     SARASOTA, FL 34232       T     JANE PORTO     4930 D BAR ROAD     SARASOTA, FE 34241       10. Looffly 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 filling 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)(1), F.S. The information indicated on this application is the advance, and my signature shall have the same legal effect as if made under oath.     6.11.041     941.3878.3121	9. Names	s and Street A				ast 3 directors)		
VP     Mike HANNON     4726 HUNTLEY LANE     SARASOTA. FL 34232       T     JANE PORTO     4930 D BAR ROAD     SARASOTA. FL 34232       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. Ital Hese or or this application is true and accurate, and my signature shall have the same legal effect as if made under oath.       SIGNATURE:     Mathematical Mathe			Name of				City / State / Zip	
T     JANE PORTO     4930 O BAR ROAD     SARASOTA . F5 34241       10. 1 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.     6.11.04     941.388.3121	P	DAVID	K. HANNON	11 5	11 S. BLVD OF THE PRESIDENTS		SARASOTA, F	FL 34236
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		S	INNATURE AND TYPED OF PR	THED NAME OF SIGNING C	FREER ON DIRECTOR			

PJ 292

To: Tina Roberts From: David Hannon

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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

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