

W04007023224

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 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name **PO1000039859**  
**HANNON MORTGAGE GROUP, INC.**

2. Principal Office Address **115 BLVD OF THE PRESIDENTS**  
Suite, Apt. #, etc.

3. Mailing Office Address **115 BLVD OF THE PRESIDENTS**  
Suite, Apt. #, etc.

City & State  
**SARASOTA FL**

City & State  
**SARASOTA FL**

Zip  
**34236**

Country  
**SARASOTA**

Zip  
**34236**

Country  
**SARASOTA**

4. Date Incorporated or Qualified To Do Business in Florida **4.18.2001**  
5. FEI Number  Applied For  Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT** 02-04

**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 **34236**

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 Date **6/11/04**  
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	DAVID K. HANNON	115 BLVD OF THE PRESIDENTS	SARASOTA FL 34236
VP	JANE PORTO	4930 DBAR ROAD	SARASOTA FL 34241
			400038051614 06/18/04--01005--001 **150.00
			06/14/04--01060--014 **600.00

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: Date **6.11.04** Daytime Phone # **941-3883121**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

To: Tina Roberts  
From: David Hannon

Re: Hannon Mortgage #P01000039859

The reason we did not file annual reports for the years 2002, 2003 and 2004, is because we did not receive the Annual Reports for the years 2002, 2003 and 2004.

Respectfully,



Dave Hannon

6.16.04