FILED

04 JAN 26 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000035724

REINSTATEMENT 03-04

1. Corporation Name

HANOS FREE INTERNATIONAL

2. Principal Office Address	3. Mailing Office Address
10 SE CENTRAL PKWY	10SE CENTRAL PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#312	#312
City & State	City & State
STUART FLORIDA	STUART FLORIDA
Zip / Country	Zip / Country
34994 USA	34994 USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/2/02

5. FEI Number: X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: TIFFANY KRYCESKI

200027545112
01/26/04--01016--003 **306.75

Street Address (P.O. Box Number is Not Acceptable): 725 S.W. 35TH STREET

Suite, Apt. #, Etc.: NA

City: PALM CITY | State: FL | Zip Code: 34990

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: Tiffany Krycesk — REGISTERED AGENT MUST SIGN — Date: 1-20-04

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
PRESIDENT	GERALD KRYCESKI	92C 37TH STREET	PALM CITY FLORIDA 34990
V.P	JAY HANOUER	12891 MARSH POINTE WAY	PALM BEACH GARDENS FLORIDA 33418

10. I certify that I am an officer or director of 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: JAY HANOUER — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1/20/04 Date — 561-252-7182 Daytime Phone #