

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000150303

Entity Name: H & H SPECIALTIES, INC.

FILED
Nov 13, 2007
Secretary of State

Current Principal Place of Business:

820 HWY 393N
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

17404 HWY 331 SOUTH
FREEPORT, FL 32439 US

Current Mailing Address:

820 HWY 393N
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

17404 HWY 331 SOUTH
FREEPORT, FL 32439 US

FEI Number: 20-0478037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES & JAMES, P.A.
2629 BLAIR STONE ROAD
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARNES

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HAKANSON, DAVID
Address: 412 GARDENIA ST
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

Title: VP () Delete
Name: HAKANSON, LEE
Address: 2983 BLUE PINE LANE
City-St-Zip: NICEVILLE, FL 32578 US

Title: T (X) Delete
Name: MISKIN, MARK
Address: 103 CRYSTAL LAKE LANE
City-St-Zip: VALPARAISO, FL 32580

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HAKANSON

PRES

11/13/2007

Electronic Signature of Signing Officer or Director

Date