## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT					FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA  09 APR -2 PM 2: 29		
DOCUMENT # P05000008277  1. Corporation Name								oonin Z	111 2.29		
Hurricane Asset Management Corporation											
					h Federal Highway			700145687067 03/12/0901046006 **250.00 CR2E081(12/08)			
Suite, Apt. #, etc. Suite, Apt. #, Suite 201								4. Date Incorp	orated or Qualified ness in Florida 01/1	3/2005	
City & State City & State					each, Florida			5. FEI Numbe	5. FEI Number Applied For		
Zip		Country	,	Zip 33004		ountry		6.		Not Applicable  88.75 Additional Fee require for a Certificate of Status	
7. Name and Address of Current Registered Agent											
Name Lee D. Glassman, Esq.								☑ The reinstatement fee is imposed, except in			
Street Address (P.O. Box Number is Not Acceptable) 126 South Fedeeral Highway							circumstances which the entity did not receive the prior notices. By checking this box, you				
Suite, Apt. #, Etc. Suite 201								are certifying the prior notices were not received and requesting the reinstatement			
City Dania E				State 33004			fee be waived.				
8. I, being	appointed the	e register	ed agent of the	above named corpo	oration, am famil	liar wi	th and accept the ol	bligations of section	on 607.0505 or 617.0503, F	₹.S.	
Signature of Registered Agent REGISTERED AGENT MUST SIGN								Date March 10, 2009			
9. Names	and Street A	ddresses	of Each Officer				ations must list at le	ast 3 directors)			
Titles		Name of s and/or Direct	· · ·	Street Address of Each Officer and/or Director				City / S	State / Zip		
Р	Phillip G	an		126 S. Federal Hwy., # 201				Dania Beach, Fl 3	33004		
				03/20/0			3/20/0	6 90019 03	3/ \$150.00		
	27 - 179KS										
REINSTATEMENT 06-07KS								70	0145697		
	(			04/03/			04/03/	0145687) 0901003002	**200.00		
			<u>.</u>		!						
this rei owed t	instatement ap by the corpora	pplication ition have	the reason for been paid and	dissolution has been the names of individ	n eliminated, the duals listed on th	corpo	orate name satisfies	the requirements an exemption con	ppter 607 or 617, F.S. I furth of section 607.0401 or 617 tained in Chapter 119, F.S	7,0401, F.S., that all fees	
SIGNATURE: March 10, 2009 (954) 925-0286  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Daytime Phone #											