## P12044

One Hovchild Plaza

4000 Route 66
Tinton Falls, New Jersey 07753

City/State/Zip Phone #

200003170062--6 -03/14/00--01129--001 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1					
1. 2.	(Corporation Name)	(Document #)  A C O O MAR			
	(Corporation Name)	(Document #)			
3. 4.	(Corporation Name)	(Document #) Correct #			
4.	(Corporation Name)	(Document #)			
	☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	☐ Certified Copy ☐ Certificate of Status			
NEW FILINGS AMENDMENTS					
-	Profit Not for Profit Limited Liability Domestication Other	<ul> <li>□ Amendment</li> <li>□ Resignation of R.A., Officer/Director</li> <li>□ Change of Registered Agent</li> <li>□ Dissolution/Withdrawal</li> <li>□ Merger</li> </ul>			
	OTHER FILINGS	REGISTRATION/QUALIFICATION			
	Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other			

Examiner's Initials

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA 59-2714390

THE HIRAIR AND ANNA HOVNANIAN FOUNDATION INC.

(Name of Corporation)

STATE OF DELAWARE

(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

4000 ROUTE 66	· · · · · · · · · · · · · · · · · · ·		400	
(	Mailing Address)	<b>1</b>	AR AR	
TINTON FALLS, NJ 0775		SSEL.	15 AM	
The corporation agrees to notify the Deparaddress.	(City/ State /Zip)  riment of State in the future of any change	PLORIDA .its	O: သင္တ mailir	<b>U</b>
	Vice President			
Signature of the chairman or vice chair president, or any officer.	man of the board, Title		•	
EDELE HOVNANIAN	3-10-00			•
Typed or printed name	e Date			