

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 NOV 30 AM 10:52

DOCUMENT # P92000012506

1. Corporation Name

H & R Brokerage, Inc.

2. Principal Office Address - No P.O. Box #
27500 Cedar Road

3. Mailing Office Address
6200 Euclid Avenue

Suite, Apt. #, etc.
Apt #604

Suite, Apt. #, etc.

City & State
Beachwood

City & State
Cleveland, OH

Zip Country
44122 USA

Zip Country
44103-3724 USA

500163175835
11/30/09--01032--030 ***608.75
REINSTATEMENT 11/08/06-09

4. Date Incorporated or Qualified
To Do Business in Florida 12/17/1992

5. FEI Number
65-0377726

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Renee Cruz

Renee Cruz, Asst. Secretary

Date 11-2-09

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
Pres	Rochelle Roth	6200 Euclid Avenue	Cleveland, OH 44103-3724
Treas	David T. Creps	6200 Euclid Avenue	Cleveland, OH 44103-3724
VP	Richard Zenobi	6200 Euclid Avenue	Cleveland, OH 44103-3724

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 contained in Chapter 119, 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:

David T. Creps

David T. Creps, Treasurer

11/23/2009

216.432.1144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #