

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000008572

1. Corporation Name

HUNTINGTON MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

TEO EMBARCADERO CENTER
SUITE 2360
SAN FRANCISCO CA 94111

TEO EMBARCADERO CENTER
SUITE 2360
SAN FRANCISCO CA 94111

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Two Embarcadero Ctr,

3. New Mailing Office Address, If Applicable

2 Embarcadero Center

Suite, Apt. #, etc.

Suite 2360

Suite, Apt. #, etc.

Suite 2360

City & State

San Francisco, CA

City & State

San Francisco, CA 94111

Zip

94111

Country

Zip

94111

Country

FILED

04 FEB -5 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



000029955460
03/05/04--01030--017 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/1993

5. FEI Number

65-0384855

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KAVOUNAS, EDMOND A	325 GREENWICH AVE, 3RD FLR	GREENWICH CT 06830
V	TAYLOR, JOHN F	TWO EMBARCADERO CTR, STE 2360	SAN FRANCISCO CA 94111
V	FALCO, PETER J	325 GREENWICH AVE, 3RD FLR	GREENWICH CT 06830
S	CLARK, DONALD L	TWO EMBARCADERO CTR, STE 2360	SAN FRANCISCO CA 94111

REINSTATEMENT 03-04

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Karen McKeown
REGISTERED AGENT MUST SIGN

Date

2/27/04

11. 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 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:

Donald L. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald L. Clark

Date

1/27/04

Daytime Phone #

(415) 645-4300

CR2E040 (7/03)