PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETI	NG THIS FOR	
APPLICATION	FLORIDA DEPARTMEN Sandra B. Mort				
FOR	Secretary of S	., 4, 3, 3		FI	Ð
REINSTATEMENT	DIVISION OF CORPOR	•••		特别的特别和纽约特别	体态性的特别的
DOCUMENT # P95000063481				96 NOV 18	AH 9:44
1. Corporation Name				SECRETARY TALLAHASSE	OF STATE
HANOVER FINANCIAL GROU	P, INC.			INCLAMASSE	E, FLORIDA
Principal Place of Business	Mailing Address				
6312 CENTRAL AVE. NEWPORT RICHEY FL 34653 NEWPORT RICHEY FL 34653					
If above addresses are incorrect in any way, line thr	ough incorrect information and enter o	correction below.	REINS	TATEME	NT QU
2. New Principal Office Address, If Applicable \$958 Parks: EN Point Dr. Suite, Apt. #, etc. 3. New Mailing Office Address, If Applicable \$958 Parks: Suite, Apt. #, etc.		To Do Business in		orated or Qualified less in Florida	08/18/1985
City & State	City & State	····	5. FEI Number	333268	Applied For
Orlando, Florida	Orlando, Florida		6.	333200	Not Applicable
32821 Country	32121		CERTIFICATE	OF STATUS DESIRED	
7. Names and Street Addresses of Each Officer and Name of Officers	· · · · · · · · · · · · · · · · · · ·	tions must list at lea			
Title(s) and/or Directors	Off 3 (Do NOT Us	Officer and/or Director		City / State / Zip	
D TROTTER, DAVID E	2428 6015 CEMBE	AVE.	nd Tail	NEWFORT NONEY	
			71	0000201	
			· · · · · · · · · · · · · · · · · · ·	+***375.0	01010015 00 ****375.00
				(.)	3/1-20-9/
B. Name and Address of Current Registered Agent			9. Name and /	Address of New Register	red Agent
TROTTER, DAVID E	Name Trotte	- DAU	3 8	建建制的 类型的	
6312 CENTRAL AVE.		P.O. Box Number	is Not Acceptable)	D r.	
NEWPORT RICHEY FL 34653		Suite, Apt. #, Etc			AV. TO MISS.
•	City O rland			State Zip Code	
10. I, being appointed the registered agent of the ab	ove named corporation, am familiar w	ith and accept the o	bligations of Sect	on 607.0505, F.S.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signature of Registered Agent	EGISTEPED AGENT MUST SIGN	JIRED		Date _//- 2	o – 96

12. 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 eath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11. Does this corporation pay any intangible tax to the

SIGNATURES

Dept. of Revenue under S. 199.032, Florida Statutes.

Yes 🔀 No

(See other side for information on intangible tax.)

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