

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 10 PM 2:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *P97000089880*

1. Corporation Name

Hanover Properties, Inc.

2. Principal Office Address

7227 Clint Moore Road

3. Mailing Office Address

7227 Clint Moore Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33496

Country

USA

Zip

33496

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/20/1997

5. FEI Number

660 797 310

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

Ed Popkin

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

2499 Glades Road

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

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

Popkin & Shurpin, PA

Date

12/28/01

REGISTERED AGENT MUST SIGN

Edward D. Popkin

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
P	Jerome V. Ansel	7227 Clint Moore Road	Boca Raton, FL 33496
			300004765343

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



2012

ACCOUNT NO. : 0721000000032

REFERENCE : 655350 3487A

AUTHORIZATION : Patricia Pignatelli

COST LIMIT : \$ 900.00

ORDER DATE : January 9, 2002

ORDER TIME : 11:02 AM

ORDER NO. : 655350-005

CUSTOMER NO: 3487A

CUSTOMER: Mr. Keith Larkins
Icard Merrill Cullis Timm
Suite 600
2033 Main Street
Sarasota, FL 34237

DOMESTIC FILINGS

NAME: HANOVER PROPERTIES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS

[Handwritten Signature]

RECEIVED
02 JAN 10 PM 12:08
DIVISION OF CORPORATION