

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 10 PM 4:38

DOCUMENT # **P990000090763**

1. Corporation Name

Hannah Corporation

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800008431798--3
-10/17/02--01084--008
*****8.75 *****8.75

2. Principal Office Address

17031 Brookwood Drive

3. Mailing Office Address

17031 Brookwood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33496

Country

Florida

Zip

33496

Country

Florida

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

10/14/1999

5. FEI Number

52-52229297

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Fred Greenberg

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

17031 Brookwood Drive

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code

33496

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

Fred Greenberg

REGISTERED AGENT MUST SIGN

Date **10/8/02**

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	Fred Greenberg	17031 Brookwood Drive	Boca Raton, Florida 33496
VP	Evelyn Greenberg	17031 Brookwood Drive	Boca Raton, Florida 33496

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

Fred Greenberg
Date **10/8/02**

(410)484-2233
Daytime Phone #

CR25001 (9/01)