

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

W05 000055978

**FILED**

06 FEB 17 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P34210

1. Corporation Name

HAMPSHIRE HOLDINGS, INC. (FORMERLY HAMPSHIRE MANAGEMENT COMPANY)

2. Principal Office Address

15 MAPLE AVENUE

Suite, Apt. #, etc.

City & State

MORRISTOWN, NJ

Zip

07960

Country

US

3. Mailing Office Address

15 MAPLE AVENUE

Suite, Apt. #, etc.

City & State

MORRISTOWN, NJ

Zip

07960

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

6/6/1991

5. FEI Number

22-2139159

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** \$ 908.75  
01/06

**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

FL

Zip Code

33324

100066554181  
02/24/05 01012 006 \*\*150.00

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

✓ See attached

Date

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	JAMES E. HANSON	15 MAPLE AVENUE	MORRISTOWN, NJ 07960
VP	JEFFREY B. HANSON	15 MAPLE AVENUE	MORRISTOWN, NJ 07960
TREAS	DEBORAH H. HANSON	15 MAPLE AVENUE	MORRISTOWN, NJ 07960
VP	WOLLIAM A. SCULLY	15 MAPLE AVENUE	MORRISTOWN, NJ 07960

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X Feb 6, 2005


Date

X 943-252-935

Daytime Phone #

20f2

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<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P34210</b> 1. Corporation Name <b>HAMPSHIRE HOLDINGS, INC. (FORMERLY HAMPSHIRE MANANGEMENT COMPANY)</b>			
2. Principal Office Address <b>15 MAPLE AVENUE</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>15 MAPLE AVENUE</b> Suite, Apt. #, etc.	
City & State <b>MORRISTOWN, NJ</b> Zip      Country <b>07960      US</b>		City & State <b>MORRISTOWN, NJ</b> Zip      Country <b>07960      US</b>	
		CR2E081 (8/05)	
4. Date Incorporated or Qualified To Do Business in Florida <b>6/6/1991</b>			
5. FEI Number <b>22-2139159</b>		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <b>CT CORPORATION SYSTEM</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. PINE ISLAND ROAD</b>			
Suite, Apt. #, Etc.			
City <b>PLANTATION</b>		State <b>FL</b>	Zip Code <b>33324</b>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent <i>[Signature]</i> <b>HILLARY ENGLAND, ASSISTANT SECRETARY</b> Date <b>2/8/06</b> 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
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SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>[Signature]</i>	Daytime Phone # <b>973-252-9385</b>