## 2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT			
DOCUMENT # F01000004153			Par I am I am
Entity Name     HANOVER SPECIALTIES, INC.			2007 OCT 15 AM II: 10
Principal Place of Business	Mailing Address	1	GEORFTARY OF STATE
901 MOTOR PARKWAY HAUPPAUGE, NY 11788	901 MOTOR PARKWAY HAUPPAUGE, NY 1178	8	SECRETARY OF STATE TALLAHASSEE, FLORID:-
Principal Place of Business - No P.O. Box #     3. Mailing Address			
Suite, Apt. #, etc.	#, etc. Suite, Apt. #, etc.		09242007 REIN-P CR2E098 (1/07)
City & State	City & State		4. FEI Number   Applied For   11-2288335   Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Name		7. Name and Address of New Registered Agent	
WITES, MARC A		L Wid	tes, Marc A.
1761 W. HILLSBORO BLVD., #403 DEERFIELD BEACH, FL 33442		Street Address	s (P.O. Box Number is Not Acceptable).  North Francial Highway
1 Ni.		City Lickt	house Point FL Zip Code 33064
The above named entity submits this statement the obligations of registered agent.	or the purpose of changing its r	registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept
The obligations of legistered agent.	the test M	ar Al	11tes 10/3/07
SIGNATURE Signature, though open modification after of registered ager	it and title if applicable (NOTE	: Registered Agent signature rec	juired when reinstating) DATE
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00			
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PCD NAME NOSKIN, ARTHUR	☐ Delete	TITLE .	Change Addition
STREET ADDRESS 388 ALTESSA BLVD CITY-ST-ZIP MELVILLE, NY 11747		STREET ADDRESS CITY-ST-ZIP	
IITLE VSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME NOSKIN, STEVEN STREET ADDRESS 12 WAYDALE AVE		NAME STREET ADDRESS	Street, and the second
CITY-ST-ZIP DIX HILLS, NY 11746	, an plantage .	CITY-ST-ZIP	500110754005 10/15/0701103021 **758.75
TITLE T NAME NOSKIN, ARTHUR	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS 388 ALTESSA BLVD		STREET ADDRESS	
CITY-SI-ZIP MELVILLE, NY 11747	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME	□ Detete	NAME	C. Suguide C. Voortion
STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP	
THE	☐ Delete	TITLE NAME	Change Addition
NAME STREET ADDRESS	n	STREET ADDRESS	
CITY-ST-ZIP	//	CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS	•	STREET ADORESS	
CITY-ST-ZIP	th this filling does not qualify for	CITY-ST-ZIP	and in Chanter 119. Florida Statutes I further continue that the information
12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplementar report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or tystee impowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if			
changed, or on an attachment with an adblets, with all other like empowered.			
SIGNATURE: 97507-631-231-1300			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daywine Proce •			

10/16