

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
HANNA ANDERSSON HOLDING CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$900.00


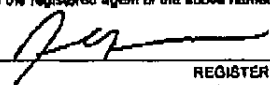

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10 MAY 26 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F0800005071			
1. Corporation Name HANNA ANDERSSON HOLDING CORP.			
2. Principal Office Address - No P.O. Box # 1010 NW FLANDERS ST		3. Mailing Office Address (same)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PORTLAND, OR		City & State 	
Zip 97209	Country USA	Zip 	Country
4. Date Incorporated or Qualified To Do Business in Florida 11/26/2008			
5. FEI Number 263744334		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. 		<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
City Plantation	State FL	Zip Code 33324	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S. Signature of Registered Agent  Doniek Kluss, Asst. Sec. Date 5/26/10 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title Director	Name of Officers and/or Directors Adam Stone	Street Address of Each Officer and/or Director 1010 NW Flanders St.	City / State / Zip Portland, OR 97209
Director	Don Roach	5200 Town Center Circle, Suite 400	Boca Raton, FL 33486
Director	Thomas V. Taylor	5200 Town Center Circle, Suite 400	Boca Raton, FL 33486
REINSTATEMENT RH			
10. E-mail Address: wendi.holder@hannaanderson.com			
11. 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, I further certify, 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:  Adam Stone Date 5/27/2010 Daytime Phone # 503-532-3352 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			