

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JUN -4 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *FD8000005071*

1. Corporation Name

Hanna Andersson Holding Corp

700235103847

06/01/12--01028--003 **150.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #
1010 NW Flanders St

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State
Portland OR

4. Date Incorporated or Qualified To Do Business in Florida
11-26-2008

5. FEI Number
263744334

Zip Country
97209 USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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.

City State Zip Code
Plantation FL 33324

700235103847
05/15/12--01008--009 **750.00

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
Nancy Lydon, VP
REGISTERED AGENT MUST SIGN

Date
5/9/2012

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
Director <i>CEO</i>	<i>Adam Stone</i>	<i>1010 NW Flanders St</i>	<i>Portland, OR 97209</i>
Director	<i>Dan Roach</i>	<i>5200 Town Center Blvd #100</i>	<i>Boca Raton, FL 33486</i>
Director	<i>Thomas V. Taylor</i>	<i>5200 Town Center Blvd #100</i>	<i>Boca Raton FL 33486</i>

REINSTATEMENT
2011-12

10. E-mail Address: *bleott@hannaandersson.com*
(To be used for future annual report notification)

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *5/10/12* Daytime Phone # *9353300*

S. HAWKES

JUN - 2012

EXAMINER